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ABSTRACT

This report consists of: (1) recommendations for the establishment of California State child care and developmental services which support the family unit, improve the quality of family life, and respect the ethnic and cultural heritage of the families served; and (2) baseline data on served and unserved children, plus projected needs over a 5-year period. Introductory sections present the charge to the planning commission, the statement of purpose, the process used by the commission, a summary of the present state of child care services, predicted needs for services through 1984, and a summary of recommendations. Thirty recommendations (with supporting data, facts and arguments) for access to services, first year priorities and basic dimensions and directions of the 5-year plan, meeting citizens' diverse linguistic and cultural needs, provision of quality services, funding and statewide delivery of services, are made. A summary of the report is included. Persons invited to present to the Commission and other presenters are listed. A glossary is appended. (Author/RH)

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child care and development services

Report of the Commission to Formulate a State Plan for Child Care and Development Services in California, 1978

PS 010424

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Presented to Wilson Riles • California Superintendent of Public Instruction • 1978

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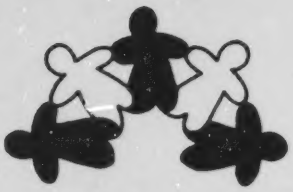

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Wilson Riles
Superintendent of Public Instruction
°For his commitment to children, which led to his establishing the Commission

Davis Campbell
Deputy Superintendent

Barry Griffing
Associate Superintendent

°For their constant support of the Commission

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°For their dedication to the work of the Commission

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Preface

When we deliberated on our task of formulating a state child care and child development plan, we were well aware of the complexity of meeting the needs of the diverse populations in California. We agreed early in the process that our recommendations had to support two basic principles: one, that our recommendations would give support to the family unit and would improve the quality of family life; two, that all programs and services had to recognize and respect the ethnic and cultural heritage of the families they serve.

In addition to the recommendations, the most important parts of this report are the baseline data of served and unserved children and the projected needs over a five-year period. The number of children needing care is increasing dramatically. These data will give the State Department of Education, social planners, providers of care, child care advocates, and the Legislature the necessary information they need for program and service planning.

Wilson Riles, Superintendent of Public Instruction, has demonstrated that he and the State Department of Education recognize the urgency of meeting these needs. The Legislature has demonstrated its knowledge and concern with appropriate legislation and increased funding. The Commission's report points up, however, that the growing unmet need is reaching crisis proportions. Therefore, we urge Wilson Riles and the Legislature to intensify their efforts to protect California's children from unnecessary risk by adopting and funding the Commission's Five-Year Plan and related recommendations.

MARJORIE K. WYATT
Chairperson, Commission to Formulate a State Plan for Child Care and Development Services

The Charge to the Commission

"I want you to know that I have no preconceived ideas in creating this Commission. I want you to have maximum freedom and discretion in the accomplishment of your task." With these words, Superintendent Wilson Riles addressed the 30 people he had appointed to formulate a state plan for child care and development services in California. The commissioners were representative of California, both geographically and ethnically. Equally important, according to Mr. Riles, was that they were representative of those closely associated and concerned with child care and development. As a group, they reflected the essential knowledge and experience which parents, public and private providers of care, advocates, and other community groups could contribute.

Mr. Riles said that the time had come to harmonize the many present strategies for child care and development and to examine the overall quality of care and development in order to meet the goal of providing improved services to children of working parents. He asked the Commission to examine existing programs, to review recent innovations, and to chart new directions.

The Superintendent emphasized that in the course of its deliberations, the Commission should solicit informed testimony from knowledgeable persons throughout the state who were concerned with child care and development. He asked that at the completion of its work, the Commission prepare a report outlining a comprehensive state plan for child care and development services in California.

The charge to the Commission was to:

- Reexamine the principles and goals of an appropriate child development delivery system for California.
- Outline the components of a comprehensive-qualitative child development program, including support services, that reflected the geographic, ethnic, economic, and philosophical diversity of California.
- Examine the four major funding mechanisms for government subsidized child care in California.
- Review other relevant areas related to child care and preschool programs—such as licensing standards, professional standards, salaries for child development personnel, the role of volunteers, and so forth—and make recommendations.

Statement of Purpose

It is the basic philosophy of this body that a wide range of quality child care and development services be available to all children and families in California. The Commission will examine the needs of children and their families and make recommendations to the Superintendent of Public Instruction for legislation and to the Department for direction based on those needs. The Commission will also review other relevant areas related to child care and development programs and make recommendations that will enhance and improve services to children, families, and providers. The Commission believes the broadest possible community commitment and involvement are necessary to ensure quality child care and development services. To this end, the Commission will build on the strengths of existing programs and will make recommendations which allow for parental choice, reinforcement of cultural values, and a variety of services which support, enrich, and extend existing and proposed new services in the state of California.

Adopted by the Commission
March 29, 1978

Process Used by the Commission

The members of the Commission represented a wide diversity of cultural backgrounds, experiences, expertise, and philosophies relating to children and their families. To expand this diversity even further so that the results of their discussions would closely reflect the child care and development needs of local communities in California, the Commission asked for extensive input from parents, providers of care, and community members. From beginning to end, the Commission emphasized the importance of this process.

Fact sheets were widely distributed throughout the state describing opportunities to present oral and written testimony to the Commission. The public was encouraged to participate in a variety of ways:

- First, during each Commission meeting, specific times were set aside on the agenda for public testimony.
- Second, public hearings were scheduled in 14 cities from San Diego to Arcata. A total of 20,000 hearing notices were distributed statewide with the assistance of local community groups such as the northern and southern California network of Resource and Referral Agencies, 4C groups (Community Coordinated Child Care), California League of Women Voters, California Association for the Education of Young Children, Commission on the Status of Women, and others.
- Third, the Commission invited about 50 people around the state with expertise in various areas of child care and development to address the Commission. These presentations were made by parents using child care, by people operating programs in centers and family child care homes located in both public and private sectors, and by people providing other community service resources for children and families. A complete list of those who presented testimony may be found in Appendix B.
- Fourth, after the recommendations were tentatively approved by the Commission, hearings in the north and south were held so that the public could review the recommendations before final Commission approval. The final recommendations reflect the testimony at these hearings.

The Commission met in full session during nine two-day meetings beginning in February and ending in September, 1978. Attendance was consistently high, as was the commitment by all commissioners to the tasks at hand. Additional committee sessions were scheduled between the monthly meetings to work on special issues.

Before the final recommendations were approved, all of the testimony was summarized and reviewed by the Commission to assess how the plan would address the needs that had been described by local communities.

Overview

The Commission recognizes the value of parents' being with their infants and young children, particularly in their formative years. The reality of life today is that for various reasons, many mothers and fathers cannot give full-time care to their children. The family (made up of at least one adult and one child) is the child's most important asset. In order for our children to grow into healthy, happy, and productive human beings, the family must thrive both economically and emotionally. Quality child care and development services provide support for families and keep them intact. It is in this framework that the Commission developed its Five-Year Plan for child care and development services to benefit children, their families, and, therefore, the wider community.

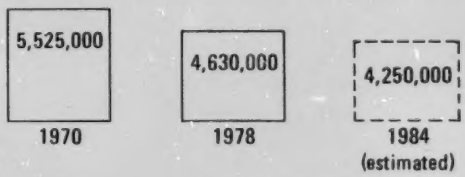
For many years California has recognized the importance of providing child care and development services for working parents. The goal of these services is to help parents obtain quality care for their children so that parents can compete freely in the job market.

In the 40 years since the first public funds under WPA were spent for child care in California, the picture has become increasingly complex. The primary contributing factors to this complexity are (1) the skyrocketing need for care related to the social changes in the family; (2) the variety of child care legislation over the years in response to various demands; and (3) increased variety in the kinds of programs, operating agencies, and methods of funding.

The Need for Child Care and Development Services

There is substantial nationwide documentation of the changes that have taken place in the family in recent years. If population trends and social indicators continue to follow the same trends, by using the best average projections of data from 1970,[1] 1976,[2] and 1978,[3] it can be predicted that between 1978 and the end of the Five-Year Plan in 1984, the following things will happen in California:

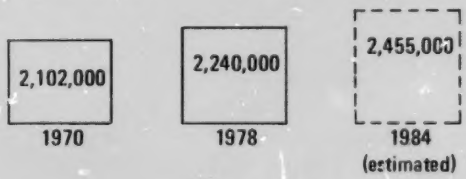
- **The number of California children under fourteen years will decrease by 380,000.**



Number of births

The birthrate has declined, with the result that there were 16 percent fewer children in California under fourteen years in 1978 than in 1970. This trend indicates there will be only 4,250,000 children in 1984.

- **However, the number of children under fourteen years whose mothers work will increase by 215,000.**

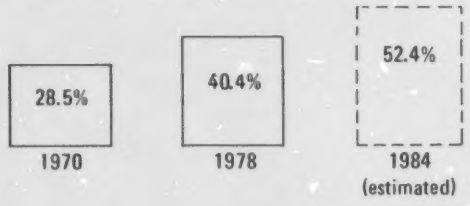


Number of working mothers

The number of working mothers is increasing at a slightly faster rate than the rate at which the number of children is declining.

[1,2,3]The superior numbers here and throughout the manuscript refer to the list of numbered references on page 58.

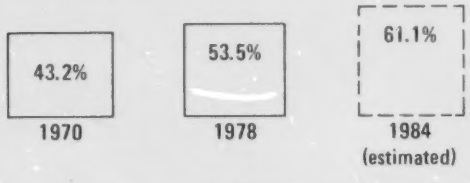
- **Of the children under six years, 52.4 percent will have mothers who work by 1984.[4,5]**



Percent of children under six whose mothers work

More than ever before, mothers are going to work when their children are younger. If this trend continues, by 1984 there will be 860,000 children under six years old whose mothers work.

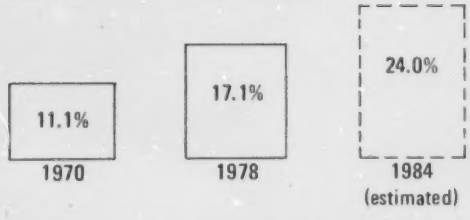
- **Of children over six years, 61.1 percent will have mothers who work by 1984.[4,5]**



Percent of children over six whose mothers work

In 1970, there were 1,531,000 children between six and fourteen years with working mothers. By 1984, it is estimated the number will grow to 1,595,000.

- **Twenty-four percent of the children zero through fourteen years will be living in a one-parent family in 1984.**



Percent of children, 0–14 years in one-parent family

The increase in divorces and separations has significantly changed the family composition. Of necessity, the number of working mothers in one-parent families is substantially higher than in two-parent families.

- **The number of children with working mothers is increasing despite the decline in the birthrate. Therefore, there will be an expanding need for child care and development services.**

It is estimated that in 1978, one million[3,5,6] children have working mothers and are not old enough to care for themselves. This number does not include 372,000 who may not need care because someone is available to care for them. About one-third of this million children are eligible for full or partly subsidized care and the other two-thirds are in families who can pay the full cost.[7] However, there are only about 129,000[12] subsidized spaces and 169,000[9] other licensed spaces. This means out of one million children whose mothers work, less than one-third can presently be served as illustrated in Figure 1.

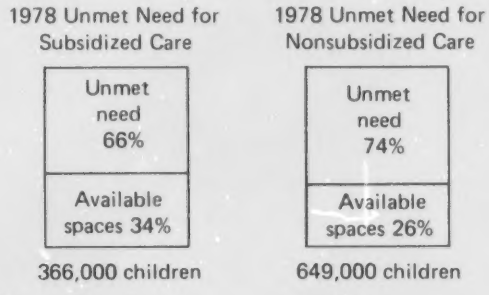


Fig. 1. Unmet need for subsidized and nonsubsidized care, 1978

Summary of the Present State of Child Care and Development Services

In order to develop a plan for child care and development services in California, it is necessary not only to know who needs care but also to know what programs are currently available and the extent of the gap between program need and service.

Families utilize child care in either child care centers, family child care homes, or in their own homes. With the exception of in-home care, state licensing regulations define the health and safety standards, staff experience for differing age groups of children, and staffing ratios. Programs administered by the State Department of Education are required to meet licensing standards and are monitored by the Department to make sure the programs meet these standards. Because state and federal requirements are different, the specific requirements related to the staffing ratios depend on whether programs are wholly state funded or receive federal funds. All other centers and family child care homes are licensed by the State Department of Social Services, formerly the State Department of Health.

The majority of families are able to bear the cost of child care; however, California has recognized for 40 years that many of its families need full or partial subsidies to pay for this care. Subsidized care is available in three ways: (1) through a variety of publicly funded programs administered by the State Department of Education for low income families who are working and/or in training; (2) through an "income disregard" system administered by the State Department of Social Service, which allows employed families on welfare to deduct child care expenses before their grant is computed; and (3) an indirect assistance in the form of an income tax credit available mainly to working families of moderate, middle, and upper incomes. (See Figure 2.)

Subsidies and Programs Administered by the State Department of Education

A variety of programs under the direction of the State Department of Education provide child development services to children in all counties of the state. These programs fall into two major categories: (a) Child Development Programs; and (b) State Preschool Programs. Financial support for these programs is derived from federal and state monies.

Child Development Programs

General Child Development Programs–Federally Funded. In California, General Child Development Programs are known as Children's Centers. These are funded either with a combination of federal (Title XX of the Social Security Act) and state monies or with state funds only. They are operated by school districts, and public, private nonprofit, and private proprietary agencies. The concept of contracting with community-based organizations to operate subsidized programs has become common in California.

In some school districts, prior to the passage of Proposition 13, funds were augmented by permissive local school override taxes or other local funds. Programs receiving federal funds must follow the Federal Interagency Day Care Requirements (FIDCR). These requirements define the standards, services, and the adult/child ratios.

Subsidized Child Care and Development Services, 1977-78

Families obtain subsidies through	Administered by	Number children served	Eligibility	Cost (in millions)	State license or approval
Publicly funded programs	Department of Education	69,000[12]	Low income, working, training, special needs	$106	Required
Publicly funded programs	Department of Education (State Preschool)	20,000[8]	Low income, circumstantially disadvantaged	25	Required
Income disregard	State Department of Social Services	60,000[8]	Working and on welfare	41	Not required except in mandated training programs
Publicly funded programs	Department of Health, Education, and Welfare (Head Start)	23,500	Low income (10% can be above income; 10% handicapped mandated)	50	Required
Tax credits	Internal Revenue Service; Franchise Tax Board	Unknown	Working	44[10] 11.7[11]	Not required
Nonsubsidized Child Care and Development Services					
	Private sector (nonprofit and proprietary)	169,000	None	Unknown	Required

Fig. 2. Subsidized and nonsubsidized child care and development services, 1977-78

In general, all child development programs offer similar services. These include basic supervision while parents work or are in training, an educational component, health services, parent education, nutrition, staff development, and related social services. Some programs serve infants, some serve preschool age only (two–five years), others serve school-age children only (six–twelve years), but the majority serve both preschoolers and school-age children.

General Child Development Programs–State Funded. Some Children's Centers are state funded through a variety of legislative acts and include those formerly called County Contract Programs and Innovative Child Care Programs (AB 99).

There are 47,500[12] children in all child development programs. Children in state funded programs are served at the local level by a variety of private proprietary, nonprofit, and public agencies such as community-based organizations, offices of county superintendents of schools, and cities. All of these programs are state funded and are required to follow licensing regulations under Title 5 of the California Administrative Code. Determination of this compliance is made by the Department of Education.

While some care is provided for infants, most serve school-age and preschool-age children. In general, the programs offered are similar to those of other child development programs and use a variety of approaches for serving families. For example, some provide care around the clock, and others combine a center with satellite family child care homes.

Migrant Child Development Programs. Migrant Child Development Programs are seasonal programs located primarily in government subsidized housing units within the various agricultural counties in California. The State Department of Education administers these programs. The State Department of Education has an annual interagency agreement with the Employment Development Department and an intradepartment agreement with the migrant education unit in the Department of Education. At the local level, the programs are operated by offices of county superintendents of schools, school districts, or private nonprofit agencies.

The Migrant Child Development Programs served approximately 2,000[12] infants and preschool-age children in 35 programs in 1977-78 while their parents worked in the fields. The centers are open 10 to 14 hours a day for approximately six months during the year, depending upon the agricultural needs in the area in which the housing unit is located. These programs use state funds and follow California Administrative Code, Title 5, regulations.

Campus Child Development Programs. The Campus Child Development Programs are intended primarily for care of the children of students on two-year and four-year college or university campuses. In addition, they frequently serve as training sites for students enrolled in child development programs at the college. They are much like other publicly supported group care facilities, with all the various components available. In 1977-78 these programs served approximately 3,500[12] children.

County Department of Public Services Contracts. A total of 4,400[12] children were served in 1977-78 through contracts between the State Department of Education and county welfare departments. The welfare departments can use the funds for direct service or to provide child care vouchers for parents who are employed or in mandated training programs. Vouchers are used most frequently to purchase service in family child care homes. These contracts are funded through federal Title XX monies.

School-Age Parenting and Infant Development Programs. Local educational agencies are funded to establish programs for the children of secondary school-age parents. Located on or near the high school campuses, these programs provide not only child development services for the infants but also parenting education and career development opportunities for their school-age parents while they finish their high school programs. In 1977-78 a total of 500[12] infants and parents were served in these programs through state funds.

Alternative Child Care Programs. Alternative Child Care Programs were funded to test alternatives which could potentially reduce child care costs, to provide a broad range of choices for parents needing subsidized services, and to address unmet child care needs throughout the state. These programs are administered by the State Department of Education and operated by public and private agencies.

There are five different Alternative Child Care Programs or services: (1) center based child care programs, some with satellite child care homes; (2) family child care home programs, some with support service components; (3) vendor payment programs based on parent choice (Some of these programs include resource and referral components as well as a variety of support services for parents and child care providers. These programs use centers and family child care homes and, in some

cases, the child's own home.); (4) Resource and Referral Programs which provide referrals and other services to parents and providers and coordinate community resources (These programs do not provide child care subsidies although some agencies receive additional funds for vendor or voucher payments.); and (5) minor capital outlay projects which are used for building renovations in order to comply with health and safety codes.

The Alternative Child Care Programs served approximately 11,500[1,2] children in 1977-78. The programs are distributed among urban, suburban, and rural areas. These programs are state funded. Privately operated centers and child care homes that receive vendor or voucher payments through the Alternative Child Care Programs are licensed by the State Department of Social Services under the provisions of Title 22 of the California Administrative Code.

State Preschool Program

The State Preschool Program is a part-day educational program for prekindergarten children aged three years to four years, nine months from low income and circumstantially disadvantaged families (e.g., those who don't speak English or have other handicapping conditions). Approximately 20,000[1,2] children were enrolled in 1977-78 in the program, which gives strong emphasis to parent education and parent involvement and includes health, nutrition, social services, and staff development components. State Preschool Programs are wholly state funded and administered under an interdepartmental agreement (1) through the Office of Child Development, State Department of Education, which contracts with public and private agencies and offices of county superintendents of schools; and (2) through Elementary Field Services, State Department of Education, which administers programs operated by local school districts.

Subsidies Administered Through the State Department of Social Services

The State Department of Social Services is responsible for funds and services provided under Title XX of the Social Security Act. The Department of Social Services uses some Title XX funds to purchase child care for 60,000 children for the purpose of enabling their parents to become self-supporting. This care is purchased through an Aid to Families with Dependent Children (AFDC) grant adjustment method (income disregard). The Title XX funds are disbursed through the auspices of county welfare departments under the Department of Social Services.

Families utilizing the income disregard method purchase child care at a place of their choosing. The cost of that care is deducted from their earnings before their grant is computed. About half of the eligible families using the income disregard method pay someone to care for their children in their own homes. Two-thirds of the remainder take their children to family child care homes, and the remainder use child care centers. These families are not required to use licensed facilities.

The State Department of Social Services also uses Title XX funds to purchase child care as a protective service to prevent child abuse and neglect.

Subsidies Administered Through the U.S. Department of Health, Education, and Welfare

The U.S. Department of Health, Education, and Welfare funds Head Start Programs operated by local community agencies. In order to receive funds, the local agency must provide a local match of funds which can be made up of in-kind rather than cash contributions.

In 1977-78 Head Start and Home Start programs served 23,500 preschoolers, the majority of whose family incomes were below the poverty line. Education, parent participation, nutrition, social services, and health services are required components of Head Start Programs.

Assistance to Parents Through Tax Credits by the Internal Revenue Service and the California State Franchise Tax Board

State and federal income tax credits are available to working families who need child care. A family paying child care expenses of up to $2,000 for one child and $4,000 for two or more children may take 20 percent of those expenses as a tax credit off its federal tax. State tax credit, not exceeding $120 per family, is also available to working families. There are no licensing or other restrictions on the child care programs that must be used in order to qualify for a tax credit.

Services of State Department of Education Child Development Programs

Child development programs administered by the State Department of Education, except for some Alternative Child Care Programs, include

numerous program related services which are listed below. These components provide a basic core of services for children and families participating in California's publicly subsidized child development programs. Not every component will actually be used by each family, but each must be made available if needed. Alternative Child Care Programs are not required to make available the components listed below. However, many do include some or all of the components. The list of services follows:

a. *Educational*—concerns promotion of the cognitive, social, and psychomotor skills that will be of benefit as the child progresses through the school system. Activities are to be tailored to each child's individual needs and developmental age.

b. *Special needs areas*—includes recognition and response to the particular needs of limited- and non-English-speaking children, handicapped children, and neglected and abused children.

c. *Health services*—includes health screening and preventive health measures as well as follow-up and treatment through referral to appropriate health care agencies, physicians, or dentists.

d. *Nutrition services*—includes the provision of a well-balanced meal and nutritious snacks each day, as well as nutrition education for parents and children.

e. *Social services*—includes the identification of additional child and family needs with a referral to other appropriate agencies.

f. *Staff development*—includes a continuous program of in-service training for the staff of the child development program.

g. *Parent education and involvement*—includes a parent advisory committee at each program site, available parent education, and continuous parent-staff communication.

h. *Evaluation methods and procedures*—includes a self-evaluation process describing goals and objectives of the programs as well as an Office of Child Development monitoring process.

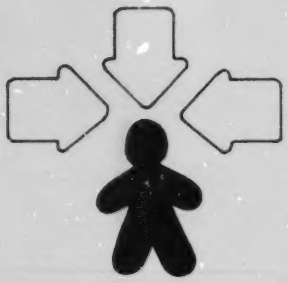
Child Care Programs in the Private Sector

The private sector in child care consists of programs that were primarily set up to serve families who have the ability to pay the full cost of care. Private proprietary and private nonprofit groups or individuals operate the majority of licensed centers and family child care homes in California. In 1977-78 there were 160,000 licensed spaces in the private sector for children in centers and 9,000 spaces in licensed family-child care homes for a total of 169,000 spaces. It is estimated that between 75 and 90 percent of family child care homes are unlicensed.

Although most families pay the full cost of care, three groups of families may use programs in the private sector and at the same time receive assistance with the fees. The first and largest group consists of working families who are eligible for an income tax credit. The second group are families who are eligible for and have access to subsidies through a vendor or voucher payment. The third and very limited group receive scholarships provided by the care giver or private individuals.

Both private proprietary and private nonprofit programs serve children of all ages. However, only a small number of spaces are currently licensed in private centers or in family child care homes for children under two years of age.

Private proprietary and private nonprofit programs vary greatly as to the services offered. All include basic supervision. Some offer an educational component and a nutritional component similar to those in publicly funded child development programs. In general, few offer health services, parent education, or related social services.



Summary of Recommendations

Access to Child Care and Development Services

1. All families should have access to child care and development services that meet their needs.

Five-year Plan

2. There should be a Five-Year Plan to phase in new and expand existing child care and development services to children and their families. This will require a substantial commitment of additional funds.

a. The following areas are priorities during the first year of the Five-Year Plan:
   - Expansion of resource and referral services
   - Expansion of services to infants and toddlers in programs for migrants, School-Age Parenting and Infant Development, and other infant and toddler programs
   - Expansion of before school and after school care (including holidays and vacations)
   - Expansion of direct services to isolated geographical areas with unmet needs
   - Completion of interagency agreements to coordinate appropriate funding sources and to facilitate and ensure a realistic child care and development funding base for handicapped children

b. Every effort should be made by child care and development programs to make services available to families of all incomes; however, this does not mean services would be free to everyone.

c. There should be programs open during nonstandard hours (e.g., nights, weekends) in every community where there is need.

d. There should be maintenance and expansion throughout the Five-Year Plan of all currently operating programs: State Preschool; General Child Development; Alternative Child Care; School-Age Parenting and Infant Development; Programs for Children with Exceptional Needs; Part-Day Programs, such as Head Start, private preschools, nursery schools, and parent participation preschools; and resource and referral services. This expansion should occur in centers, family child care homes, and in the child's own home.

e. Programs and services to migrant farmworkers should be expanded and include:
   - State level coordination of all agencies that offer services to migrants
   - State level coordination of existing health funds for migrants, with additional funds for on-site bilingual health personnel
   - Physicals and dental assessments, with follow-up treatments
   - A social service component dealing with the unique needs of migrant families at each program location

- Funding to cover capital outlay, staff training, and annual start-up and close-down costs in addition to the regular grant

f. Subsidies for care in a child's own home should be available, and standards for the care givers should be explored and developed during the Five-Year Plan.

g. Methods of caring for sick children should be developed.

h. Emergency and respite care for children should be developed in each community, both in-home and out-of-home.

3. In order to provide appropriate services to youth from fourteen to eighteen years:

- Programs should be developed and implemented in which a responsible adult serves as a contact person for youth during the parents' absence.
- Parenting education should be offered in grades seven through twelve and should include supervised experience working with children in child development centers and family child care homes.
- Persons involved in the development and teaching of parenting education should be required to have a background in child development and family living, including formal training and work experience with young children and their families.
- The State Department of Education and school districts should draw on other agencies and the community for resources and technical assistance to support and expand the concept of parenting education and to assist schools in selecting courses.

Diverse Linguistic and Cultural Needs

4. In order to meet the diversity of linguistic and cultural needs in California:

- Child care and development programs should enhance and reflect the multicultural and diverse linguistic backgrounds of all children enrolled by (a) providing culturally diverse male and female staff who serve as positive role models, respecting the child's language and cultural values and promoting articulation between the child's language and English; (b) emphasizing pride and respect for the native language and culture; (c) active involvement at all levels of the linguistic/cultural group concerned; (d) stressing the importance of parent participation in the child's education with parent training that includes the differences and similarities between the cultures of the children enrolled and the dominant culture; (e) fostering understanding and appreciation by the children and families of the dominant culture for the values of the minorities, including the use of cultural resources from the local community to enrich the curriculum; and (f) helping the families locate health resource persons who understand the language and culture of the group.
- Programs should use the language best understood by the child and then move gradually to the use of English, at the same time ensuring growth in proficiency of the native language.
- On an annual basis, effort must be documented that recruitment and hiring of staff has occurred to meet the diverse linguistic needs of children being served.
- There should be active recruitment and hiring of bilingual-bicultural persons reflecting the local community, together with expansion and coordination of career ladder opportunities.
- Because of the importance of early language development, as new bilingual funds become available, bilingual-bicultural child care and development programs should have priority. These funds should be allocated proportionately according to the state's minority distribution. Such funding should emphasize preschoolers and should address: (a) parent education and involvement; (b) second language learning; (c) assessment of language dominance and proficiency; (d) development, implementation, and evaluation of bilingual-bicultural demonstration models; (e) training programs to promote understanding of bilingual-bicultural needs; (f) additional compensations for teachers using other languages; (g) bilingual-bicultural staffing at all levels; and (h) incentive grants for small

groups with special linguistic and cultural needs.

- The Office of Child Development should have the responsibility to continue the exploration and identification of any special needs that may exist in California's diverse population, giving special support and resources to the American Indian, Asian or Pacific Islander, black, Filipino, and Hispanic*. Persons representing the various groups should be involved in the development and implementation of programs to meet the unique needs of each.

Quality Child Care and Development Services

5. All children and their families should have access to quality child care and development services. The Commission has identified these seven major components of quality:
   - An indoor and outdoor physical environment that is safe and appropriate to the age of the children being served
   - Age-appropriate program activities and services that are designed to meet the basic intellectual, social, emotional, and physical needs of each child as well as special needs, such as multicultural and bilingual
   - Families, child care providers, and community members who contribute through their own involvement to the growth and development of children
   - Support services available to children, families, and providers of care that include resource and referral services, provider training, health services, transportation, nutrition, and social services
   - Program administration that ensures efficient and effective programs
   - Funding that is timely and adequate to carry out all program components
   - Appropriate preparation of persons providing child care and development services to children and families to ensure meeting children's basic intellectual, social, emotional, and physical needs
6. Parents should have a choice of programs that allows the opportunity for maximum involvement in planning, implementation, operation, and evaluation.
7. Health services offered by family child care providers and child development programs should include:
   - Adoption of a recognized set of guidelines for a quality health component
   - Designation of one person responsible for implementation and enforcement of the adopted health plan and coordination with health services available in the community
   - Arrangement with Resource and Referral Agencies for provision of health education resources to children, families, providers, and community residents (Health professionals should receive information about child care and development programs.)
8. Facilities which meet licensing standards should be used (unless care is provided by relatives or in the child's home).
9. There should be adequate licensing funds and trained personnel to ensure compliance with quality standards in all programs.
10. Licensing regulations should:
    - Have input from parents and providers in the initial and ongoing stages of development.
    - Address the seven components of quality.
    - Be consistent and uniform throughout the state to facilitate maximum coordination of services in relation to fire clearances; health, safety, and sanitation standards; with waivers available for situations which clearly do not threaten the health and safety of children.
    - Include age-appropriate standards for staffing ratios, staff qualifications, and program activities.
11. Enforcement agencies should provide support, motivation, and technical assistance to enable programs to comply with regulations.

*Since the great majority of Hispanic people in California are Mexican or Mexican-Americans and they form the state's largest minority group, there should be an emphasis on meeting their linguistic and cultural needs.

Funding Child Care and Development Services

12. The Office of Child Development should provide current information on all sources of federal, state, and private funds available to subsidized and nonsubsidized programs.

13. Capital outlay funds should be expanded for eligible programs through an increased use of combined state and federal funding.

14. Additional reimbursement should be given to all child care and development providers, especially family child care providers and vendor-voucher systems serving children with special needs (including protective service). Funds and resources to prepare providers for this type of care are needed.

15. Reduction of child care costs to families should be provided through:
    - Increased state income tax credits directly related to the cost of care
    - Eligibility for entry on the sliding fee scale at 115 percent of the state median income (After 115 percent, families should pay the full reimbursable amount.)

16. The 25 percent match requirement for Campus Child Development Programs should be eliminated while campus maintenance of effort is continued for currently funded programs. This would bring reimbursement for campus programs into line with maximum reimbursement for all other child development programs funded under the Child Development Act of 1972.

17. Incentives such as tax credits should be available to employers who provide child care and development services through any of the following: (a) direct service programs; (b) vendor-voucher payments; (c) capital outlay; (d) the 25 percent match for acquiring federal funds; and (e) provision of maternity or paternity leaves without penalty.

18. Salaries and benefits for child care workers in the private sector should be increased without increasing parent fees by:
    - Providing tax credits for programs that pay more than the minimum wage
    - Allowing programs to buy into benefit packages, such as health care, retirement, insurance, and group purchasing through schools, cities, and counties
    - Including child care services as one of the options in an employee benefit package (Such a package for state employees should serve as model.)
    - A change requested in the Federal Child Nutrition Services Program to allow all child care programs that serve food to qualify for funds
    - Coordination of training programs between the public and private sectors

    Provision of benefits for all employees should be based on the number of hours worked.

19. The Office of Child Development is urged to explore and develop a reimbursement system to meet the minimum wage law for family child care and in-home care providers based on a formula for full time care, number of children served, and the hours worked.

20. All funding mechanisms should be expanded (e.g., direct services, vendor-voucher payments, income disregard) provided they allow for (a) quality programs; (b) diversity of child care needs; (c) parental choice; (d) socioeconomic mix of children wherever possible; and (e) accountability of quality and cost.

21. Where there is a need for family child care homes, funding through the vendor-voucher system on a sliding scale should be initiated and/or expanded. Funding should also be available for capital outlay and start-up costs when necessary to encourage expansion of such homes. Funds for support services should be available for all providers.

22. Cash flow problems for the Office of Child Development funded agencies should be decreased through:
    - A revolving loan fund available in the Office of Child Development
    - An advance payment, equivalent to one-third of the funding amount (This payment should be available as early as possible each fiscal year and no later than July 15.)
    - A carry-over of 10 percent of the funding amount into the next fiscal year

23. The Commission supports the Superintendent of Public Instruction's request, mandated by the state Legislature in AB 99 (1972), for a

waiver of the U.S. Department of Health, Education, and Welfare's single state agency requirement.

24. There should be no further state buy-out of federal funds for child care and development programs.

Statewide Delivery of Child Care and Development Services

25. All child care and development programs funded through the State Department of Education should be administered through the Office of Child Development. Programs should include, but not be limited to, the following: pregnant minors and preschool incentive grants presently in special education; Parent Participation Preschools presently in adult education; programs for children through vocational education; and those State Preschools presently in elementary field services. An external review committee should be established to assess the outcome for child care and development programs after one and two years and to make recommendations after three years.

26. In view of the Commission's concern and commitment that all children have access to child care and development programs, there is the need to bring together both subsidized and nonsubsidized programs under one administration. Therefore, the external review committee in Recommendation 25 should have the responsibility for recommending the most effective administrative structure for all these programs. This review is to be completed within three years.

27. Given the importance of child care and development programs, the Office of Child Development should be elevated to independent status as a major organizational unit within the State Department of Education.

28. Resource and Referral Agencies should be expanded to include all geographic areas of the state (based on need and communities of common interest).

29. The functions of Resource and Referral Agencies should include:
    - Provision of information to parents which will enable them to choose appropriate child care and other family and children's services.
    - Development of support services and provision of technical assistance to providers.
    - Assistance in coordination of community resources that serve children and families.
    - Provision of local needs assessments of children's services, with special emphasis on child care.
    - Assistance in child care planning based on these assessments. A variety of agencies, including those in the private sector, should be encouraged to participate in the delivery of these resource and referral functions.

30. Based on local needs assessments there should be coordination at the state level of all agencies which can serve children and their families.

Access to Child Care and Development Services

Recommendation 1

All families should have access to the child care and development services that meet their needs.

Years ago when only a few people needed child care, our society saw it as a service for unfortunate families; namely, those who neglected their children, who were poor, who had to work, or who for other reasons could not care for their children. The larger community felt it necessary to offer support to the family only after a crisis had developed. The number needing care outside the family structure was relatively small—not because the mother was home, but because families had the services of relatives, maids, or others living with them to take care of the children when the mother was working on the farm or in the store.

Times have changed and so have the needs of families. Child care is no longer used only when something has gone wrong. Instead, it is so widely used and for so many different reasons that almost all families have had first-hand experience with the need for child care. It is in light of this current societal change that the Commission believes that children have a right to quality child care and development services.

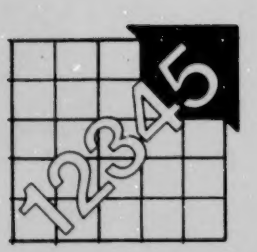
The Commission's first recommendation, therefore, is that all families should have access to the child care and development services that meet their needs. The use of the phrase "all families" includes families who come from all economic, ethnic, cultural, or linguistic backgrounds. The word "access" means that all families will have services and programs available to them. It does not mean, however, that the services will be free to everyone. The phrase "child care and development services" is defined in the glossary.

The phrase "that meet their needs" refers to parents who need child care services because they work, are in job training, go to school, want parent education, have respite needs, or face an emergency. It also describes parents who need child care services because they want opportunities for enrichment for their children, or because their children are socially or geographically isolated, or their children are handicapped, sick, or in stressful situations.

If children have a right to quality care, it should be expected that most families would be able to find and pay for quality care. However, the reality is that families have great difficulty in both these areas. Those with several children often cannot find care for their infants or their school-age children and rarely can they obtain care in the same place for children of different ages. Families whose children have special needs or who are in situations of unusual stress can seldom find care. In fact, most families have difficulty finding care. Waiting lists are long in most communities. However, the lack of a waiting list does not necessarily indicate lack of need. It may mean that providers of care no longer take names of eligible families for a waiting list because there is little likelihood of funding for either expansion of facilities or for additional subsidized families. It may also mean that a service, such as infant care, does not exist and, therefore, there is no waiting list. These facts have been confirmed repeatedly through the flow of applications received by the State Department of Education in the last few years.

Many families cannot afford the cost of child care without a subsidy. In child care, availability of a subsidy often determines where a family can obtain care. For example, in a community with only one subsidized infant program, a parent with a low income must use that program. Program spaces are often limited to either subsidized or nonsubsidized children. The result of limitations of this type is segregation of children by income level, which results in a perpetuation of prejudice and misunderstanding among classes and in some cases between cultures. However, public testimony consistently supported the Commission's belief that all child care programs should be economically integrated.

Given the difference between the current child care picture and the Commission's goal to provide all families with access to child care, the Child Development Commission has designed a Five-Year Plan to phase in new and expand existing child care and development services. Such a timeline allows for planning and implementation at the state and local community levels and responsible expenditure of public money.



The 5-Year Plan

Recommendation 2

There should be a Five-Year Plan to phase in new and expand existing child care and development services to children and their families. This will require a substantial commitment of additional funds.

The constituent parts of the Five-Year Plan address the many child care needs that have been documented over and over through the years. All of the testimony submitted to the Commission verified the fact that the need for quality child care and development services has in no way been met for either families needing subsidized services or for those who can pay the full fees. The Commission believes that all existing quality programs that are publicly funded, such as State Preschool Programs, General Child Development Programs, and Migrant Programs, must be maintained. Increased funding will be needed just to maintain these programs at the same level and will also be needed to provide for expansion of services to specific age groups, income levels, and geographic areas. The Commission believes it makes good economic and programmatic sense to develop a plan which utilizes existing programs and builds on their strengths.

The intent of the plan is to provide specific focal points to guide those involved with implementation. A five-year period has been chosen as a reasonable time span within which concrete results could be provided and the results assessed.

The purpose of the Five-Year Plan is:

1. To point out the gaps between need and available child care and development services.
2. To describe the programs and services that should be available at the end of five years. Many child care programs, both privately and publicly funded, are currently in operation and need to be expanded. Some needed programs and services may exist only in a very few places and, therefore, need to be initiated throughout the state.
3. To set priorities for phasing in programs and services.

The Commission has described the population of those needing care in two ways: age groups and family income. In order to provide families with access to the services, the plan first takes the most underserved groups and describes the programs and services especially needed. Subsidized services are laid out in detail, because this is where the major public investment should occur; however, it should be remembered that approximately three-fifths of the working parents can afford to pay for their children's care and services but may be unable to find suitable care.

Three age groups will be referred to in the Five-Year Plan. These are (1) infant-toddlers, ages zero to three years; (2) preschool age children, from two and one-half years to kindergarten; (3) school-age children from kindergarten to fourteen years. The overlap in age between toddlers and preschoolers is intentional in order to provide flexibility for individual programs. A separate section of the plan will be devoted to the special needs of youth from fourteen to eighteen.

The Five-Year Plan differentiates among families of three income levels: (1) families who pay either no child care fees or partial fees; (2) families whose payment of full fees creates a financial strain on their family budgets; and (3) families who can afford to pay the full cost. At each level (except in some part-day preschool programs) some parents work, some go to school, and some are in training programs.

Priorities for First Year of the Five-Year Plan

Recommendation 2a

The following areas are priorities during the first year of the Five-Year Plan:

- **Expansion of services to infants and toddlers in programs for migrants, school-age parenting and infant development, and other infant and toddler programs.**
- **Expansion of before-school and after-school care (including holidays and vacations).**
- **Expansion of resource and referral services.**
- **Expansion of direct services to isolated geographical areas with unmet needs.**
- **Completion of interagency agreements to coordinate appropriate funding sources and to facilitate and ensure a realistic child care and development funding base for handicapped children.**

Each of these areas is specified as a first-year priority because of exceptional need, owing to the potentially high degree of physical and emotional risk involved. For example, infants and toddlers of migrant parents* face great hazards when taken to the fields, left in cars, or cared for by young siblings while their parents work. Different hazards, but just as dangerous, and potentially costly to the public sector are the ones faced by infants born to young teenagers.† Such infants are more likely to be the victims of child abuse as well as to have serious health problems. In order to expand service to infants and toddlers, two related areas must be addressed. The first is capital outlay funds, particularly for Migrant Programs and School-Age Parenting and Infant Development Programs. The second is training programs specifically for infant-toddler providers.

First year priority should also be given to school-age children who need care before school, after school, and during school holidays and vacations. The gap between the demand and available spaces is exceptionally large.

Resource and Referral Agencies are included as a priority because of their unique ability to strengthen the communication between the public and private child care sectors and to provide a step toward serving all children.

Families living in isolated geographic areas are particularly unserved. Providing those families with access to programs should be a first-year priority because of the long standing unmet need.

Child care and development services to handicapped children of all ages is long overdue. When it is appropriate, these children should be integrated into programs for the nonhandicapped by using funds presently available for special education. Speedy development of intra-agency agreements between the Office of Child Development and the Office of Special Education are needed to accomplish this service.

The additional cost for the first-year priorities is estimated at $23 million for operational costs and $10 million for capital outlay costs. The projected breakdown is presented in Table 1.

When the costs of Resource and Referral Agencies and capital outlay are subtracted from the total, the cost for implementing the first-year priorities is $1,000 per child per year. The cost is based on the assumption that the average cost of full-time year-round care is $2,800 per child. Since many of the 19,600 children will need part-day or part-year care, the average cost per child is reduced to $1,000.

The Commission recommends that only part of the total costs should be borne by the state. For example, $20 million from federal Title XX funds came into California in 1978. However, only a portion of these funds is currently being used for child care. Wherever possible, federal funds should be utilized for capital outlay (e.g., Community Development Funds) and training (e.g., Title XX).

Expansion of Service to Infants and Toddlers

The Commission recommends that at least half of the present estimated unmet need for subsidized and nonsubsidized care for infants and toddlers, or 189,000 additional children, should be met by the end of the Five-Year Plan.*

SCOPE OF THE PROBLEM IN 1978

Number of Infants and Toddlers

- Almost 20 percent of all working mothers have children under three years old.[13]

*Further information on migrants will be found in Recommendation 2e.

†Further information on teenage parents will be found in Recommendation 2d, Part 4.

*The 189,000 figure includes both half of the 129,000 who need full or partly subsidized care and half of the 248,000 who need nonsubsidized care because their parents work.

TABLE 1

Additional Costs for Implementing First-Year Priorities in Five-Year Plan

First-year priorities	Number of additional children	Operational costs (in millions)	Capital outlay (in millions)	Additional cost (in millions)
Migrant Infant and Toddler Programs	1,200	$1	$ 9.5	$10.5
School-Age Parenting and Infant Development Program	400	1	.5	1.5
Other Infant and Toddler Programs	11,000	11		11
Programs for School-age Children	7,000	7		7
Resource and Referral Agencies	[a]	3[b]		3
Total	19,600	$23	$10.0[b]	$33

[a]Eight thousand families, rather than children, of all incomes were served in April, 1978 by Resource and Referral Agencies. This would mount to at least 96,000 in a year.

[b]No attempt should be made to tie the cost of resource and referrals or of capital outlay to cost per child because the costs do not depend on the number of children served.

- There are 396,000 such children in California under three years old.[3]

Family Income

- A total of 143,000 infants and toddlers needing care live in families with an income under $15,000 (for a family of four) and, therefore, could qualify for a subsidy.
- The other 253,000 infants and toddlers live in families whose income only qualifies them for nonsubsidized child care.

Existing Spaces

- A total of 14,000 children under three years of age are served in subsidized spaces.[8]
- For nonsubsidized children, there are 1,000 licensed spaces in infant centers,[9] and some of the 9,200 spaces in licensed family child care homes are specified for infants and toddlers.[9]

Present Unmet Need for Care for Infants and Toddlers

- There are 129,000 additional children under three years old who need subsidized care.
- A total of 248,000 additional children under three years old need nonsubsidized care.

[3,3,8,9]The superior numbers here and throughout the manuscript refer to the list of numbered references on page 58.

The data in Figure 3 show that the need for infant and toddler care is far greater than the number of available spaces. The data are conservative, because of the steadily increasing number of women now working while their children are very young. Continued inflation will make the economic burden of raising a family difficult on a single salary.

In order to meet the goal set by the Commission for children under three years, 13,000 subsidized and 25,000 nonsubsidized additional spaces would

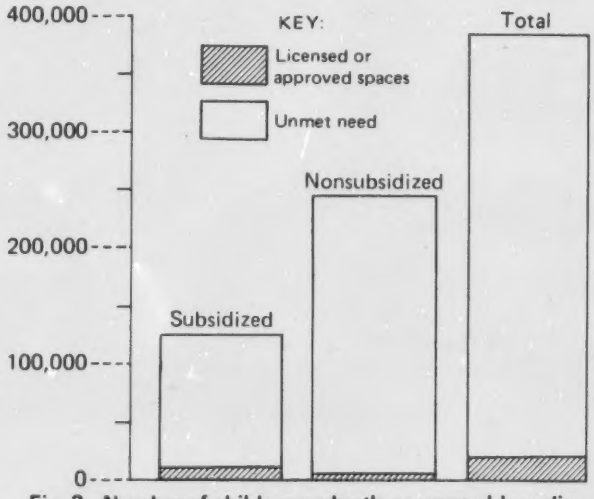


Fig. 3. Number of children under three years old needing care compared to the number of licensed or approved spaces

have to be made available each year, or 10 percent of the need. The cost for the nonsubsidized spaces is small. It would involve some expansion in Resource and Referral Agencies to help all parents find care, and it would require additional personnel to license facilities in family child care homes and centers.

Subsidized care for infants and toddlers involves the major public cost. However, the direct and indirect costs to society for families who must remain on welfare are even greater in terms of the deprivations that result from poverty and the increased frustration for parents who cannot provide the necessities for their children.

Expansion of Service to School-Age Children

The Commission believes that half the estimated need for care before and after school and during school holidays and vacations for both subsidized and nonsubsidized children should be met by the end of the Five-Year Plan. This means 133,000 additional children should be served by 1984.*

SCOPE OF THE PROBLEM IN 1978

Number of Children

- One out of two school-age children have working mothers.[5]
- A total of 1,617,000 children in California between kindergarten age and fourteen years old have working mothers.[3,5]
- Of these children, 372,000 need care.[6]

Family Income

- A total of 134,000 school-age children needing care live in families with an income under $15,000 (for a family of 4) and, therefore, could qualify for a subsidy.[7]
- The other 238,000 children live in families whose income only qualifies them for nonsubsidized child care.

Existing Spaces

- A total of 69,000 school-age children are served in subsidized spaces.[8]
- An estimated 37,000 licensed spaces are used by nonsubsidized school-age children.[9]

*The 133,000 figure includes both half of the 65,000 who need full or partly subsidized care and half of the 201,000 who need nonsubsidized care because their parents work.

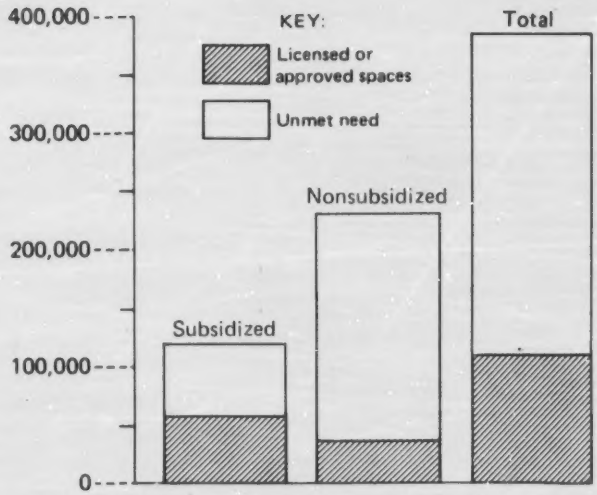


Fig. 4. Number of children from kindergarten age to fourteen years needing care compared to the number of licensed or approved spaces

Present unmet need for care for school-age children

- A total of 65,000 additional children need subsidized care.
- There are 201,000 additional children who need nonsubsidized care.

The available care, as shown in Figure 4, is far from meeting the need for school-age care. In addition, care for school-age children at the present time is almost entirely limited to those between five and nine years old. Many children under fourteen are referred to as "latch-key" children because they care for themselves, carrying house keys around their necks. It is estimated that, in California, there may be 219,000 such children.[6] Without supervision, these children not only may succumb to patterns of pre-delinquency, but they also miss the many opportunities to engage in activities appropriate to their age offered in quality child care programs and to interact with their peers.

The Commission believes that programs for five to eight year olds must be different from those for nine to eleven year olds or from those for twelve to fourteen year olds. Section VI in this document on quality care describes age-appropriate programs.

During the first year of the Five-Year Plan, priority should be given to linking programs for school-age children to public and private community resources, such as park and recreation programs, schools, libraries, and community youth serving agencies.

The public costs for additional services to families who can pay for their care are limited to

the additional licensing costs and to costs for expanded Resource and Referral Agencies to assist families to find conveniently located care.

As with the estimate of need for infants and toddlers, the described need for child care and development services for school-age children is conservative because of the ever increasing number of working mothers.

Expansion of Resource and Referral Agencies

SCOPE OF THE PROBLEM IN 1978

- Of the counties in California, 60 percent are without Resource and Referral Agencies.
- Only a few counties having such agencies extend sufficient services to the whole county.

There are 32 Resource and Referral Agencies funded by the Office of Child Development. A few of these are Community Coordinated Child Care Agencies which provide similar services. Providing child care information and referrals is not a new idea. In some counties it has been done by county welfare departments; however, the focus was on poor families. Resource and Referral Agencies, however, refer families of all incomes to the available child care in their communities. These agencies are effective in providing families with access to child care and development services. Resource and Referral Agencies also refer families and providers to other community services they may need. Most Resource and Referral Agencies provide a variety of support services to providers of care, such as toy and equipment lending libraries, training programs, newsletters, and access to food and nutrition funds. These agencies also provide up-to-date information about child care needs in the communities served.

In addition to their resource and referral functions, these agencies serve a vital role in coordination of services, advocacy for child care, and facilitation of contact among people who both use and provide child care. Resource and Referral Agencies should serve all ethnic groups and should distribute bilingual materials. When possible, the agencies should make use of existing groups that already perform resource and referral functions.

Generally, Resource and Referral Agencies serve small areas and are in touch with local needs. These agencies have proved to be successful, and the Commission wants to support and strengthen this concept and system.

During the first year of the Five-Year Plan priority should be given to:

- Expansion of Resource and Referral Agencies to all geographic areas of the state based on need and communities of common interest.
- Expansion of existing Resource and Referral Agencies to enable them to provide a wide variety of support services appropriate to their area.
- Provision of technical assistance to new and existing Resource and Referral Agencies. This should be accomplished through a combination of statewide conferences, workshops, and other support services under the leadership of Office of Child Development personnel and utilizing experienced resource and referral staff from the field.

Recommendation 2b

Every effort should be made by child care and development programs to make services available to families of all incomes; however, this does not mean services would be free to everyone.

The first recommentation made by the Commission is that all families should have access to programs that meet their needs. Included in this recommendation are two principles of prime importance: the first principle is that all families should have the choice of the kind of care that they believe best suited to their children's needs; the second principle is that children should not be isolated from other segments of society because of their family income level, just as they should not be isolated because of their ethnicity, culture, or language.

With planning and a minimal amount of money, many programs have been and can be economically integrated. In vendor/voucher programs, subsidized parents are integrated into the private sector by providing them with the ability to choose and pay for their child care. Integrating direct service programs is a different kind of problem. Most subsidized programs must fill their spaces with families whose low income gives them the highest priority. Such programs, consequently, may have no room for families whose higher income gives them a lower priority. In order to allow all families to have access to the programs they need, and at the same time to preserve spaces for currently

eligible families, it will be necessary wherever possible to expand the number of spaces in direct service programs. Such additional spaces should be available to families who can pay the full cost. It is expected that the operating costs related to these additional spaces will be covered by the fees.

Recommendation 2c

There should be programs open during nonstandard hours (e.g., nights, weekends) in every community where there is need.

SCOPE OF THE PROBLEM IN 1978

- Only 4 percent of the centers and 1 percent of the family child care homes funded through the State Department of Education are open before 6 a.m.[14]
- Only 2 percent of these centers and 8 percent of these family child care homes are open after 7 p.m.[14]

Many women of necessity work late afternoon shifts, at night, on weekends, or during holidays. This is particularly true for those who are waitresses, factory workers, or persons in the health field. In a tight job market, it is an extra family burden when child care options are restricted during hours when jobs might be available. In a two-parent family, it is sometimes possible for the parents to work at different times and, therefore, not need out-of-home child care. However, in single parent families, such arrangements are often impossible.

In order for family child care homes and centers to stay open longer hours, particularly at night, they may need assistance with facility planning, equipment, programming, and staffing.

Recommendation 2d

There should be maintenance and expansion throughout the Five-Year Plan of all currently operating programs: State Preschool; General Child Development; Alternative Child Care; School-Age Parenting and Infant Development; programs for children with exceptional needs; part-day programs, such as Head Start, private preschools, nursery schools, and parent participation preschools; and resource and referral services. This expansion should occur in centers, family child care homes, and in the child's own home.

Families currently use centers, family child care homes, care in their own homes, or some combination of these. It is important that parents have the opportunity to choose among those options when they need the appropriate care for their infants, preschoolers, or school-age children.

Currently, parents who need subsidized child care find it most frequently available in centers, because most public funding has gone there. While many families prefer center care, other families prefer a small family child care home, or a combination of the two. The Commission believes the following programs should be expanded, with emphasis on family child care homes. Center care and combinations of both should also be expanded.

State Preschool Program

SCOPE OF THE PROBLEM IN 1978

Family Income

- A total of 123,000 children in California between three and five years old live in poverty level families.[8]

Existing Spaces in Compensatory Programs

- A total of 45,000 are enrolled in State Preschool Programs, Head Start, or Title I Programs.

Service in Other Programs

- A total of 30,000 have working parents and are served in various child care programs.[8]

Present Unmet Need

- A total of 48,000 additional children are eligible.

The State Preschool Program provides a wide range of experiences which form a basis for future learning in areas such as language, mathematics, science, music, and art. The program also emphasizes parent education and participation. Parents have opportunities to become involved and to learn about and compare child rearing practices so as to gain an awareness of the emotional, social, cognitive, and physical needs of their children.

The 1978 findings reported by the Ypsilanti-Perry Preschool Project[15] indicate that in economic terms such preschool programs yield long-term financial returns. The study showed that participation in preschool programs decreases the

need for costly special education programs. In addition, the projected lifetime earnings of children with preschool experience was higher than their nonpreschool counterparts from the same socioeconomic group. (See Figure 5.)

General Child Development Programs

SCOPE OF THE PROBLEM IN 1978

- Of the 366 agencies competing for expansion funds for 1978-79, only 71 new agencies were funded.

Included in General Child Development Programs are federal and state funded full-day programs that are operated by school districts, public, nonprofit, and private agencies. These programs take place in centers usually referred to as Children's Centers and family child care homes or combinations of both. The figures in the recommendations for expansion in Figure 6 refer to General Child Development Programs as well as Campus Child Development Programs and Alternative Child Care Programs. Recommendation 16 relates to Campus Child Development Programs and will be found in the section on funding.

Alternative Child Care Programs

SCOPE OF THE PROBLEM IN 1978

- Of the 173 agencies competing for expansion funds for 1978-79, only 17 new agencies were funded.

Alternative Child Care Programs include those using vendor/voucher payment methods as well as center-based programs and family child care networks. Parental choice is a key feature for families, because they can use their child care subsidy in either family child care homes or center programs. In a few cases, subsidies may be used for care in the child's own home. These programs make extensive use of the private sector through contracts by the operating agency with facilities in the proprietary and nonprofit sector. Vendor/voucher programs are discussed in Recommendation 20 in Section VII on funding. (See Figure 6.)

	First year	Second year	Third year	Fourth year	Fifth year
Preschoolers		EXPANSION			Enroll all eligible children from low income families.

Fig. 5. State Preschool Programs—five-year plan for subsidized children

	First year	Second year	Third year	Fourth year	Fifth year
Infant toddlers	11,000 additional children	EXPANSION			55,000 additional (half the estimated need)
Preschoolers		EXPANSION			
School-age children	7,000 additional children	EXPANSION			33,000 additional (half the estimated need)

Fig. 6. General Child Development, Campus Child Development, and Alternative Child Care Programs—five-year plan for subsidized programs

School-Age Parenting and Infant Development Programs

SCOPE OF THE PROBLEM IN 1978

For the Teenage Mother

- One out of ten US teenagers is pregnant.[17]
- Of the teenage mothers, 94 percent keep their babies.[18]
- Of the teenage mothers in California, 70 percent do not complete high school.[19]
- Teenage mothers between sixteen and seventeen years old are twice as likely as other mothers to be below the poverty line.[20]

For the Children

- High risk of being child abuse victims.[21]
- Babies are twice as likely to have a low birth weight, which is a major cause of neurological and developmental defects and mortality.[22]

Where Programs for Teenage Parents and Infants Are Available in California

- Sixty percent of teenage mothers remain in high school.[19]
- There is a significant increase in teenage mothers who find jobs or go on to college.[19]
- There is a sharp reduction in the number of teenage mothers dependent on welfare.[19]

Present Unmet Need for Care

- Less than 10 percent of the teenage parents in California are served in School-Age Parenting and Infant Development Programs.[19]

Local school districts and offices of county superintendents of schools are funded to establish programs for the children of high school age parents. Parenting education and career development opportunities are tied directly to the School-Age Parenting and Infant Development Program.

The physical facilities needed for an infant program are considerably different from those of the usual high school. Before such a program can begin, alterations are often needed which require capital outlay expenditures. It is important that these costs be included in any plan for expansion of School-Age Parenting and Infant Development Programs. The Commission believes that investment in these programs is one of the most cost-effective means of meeting the needs of both the teenage parents and their infants. (See Figure 7.)

Programs for Children with Exceptional Needs

SCOPE OF THE PROBLEM IN 1978

- Approximately 54,000 children under 4.9 years old would qualify as possessing intensive need for special education services.[29]
- Of the handicapped children with intensive needs, 1,293 will be enrolled in Head Start in 1978-79.[29]
- A total of 1,135 handicapped children were served in programs funded by the Office of Child Development in 1976-77 out of 55,000 children enrolled in those programs.[23]

There are two types of child care programs for children with exceptional needs: (1) mainstreamed programs; and (2) self-contained programs.

Mainstreaming programs are for handicapped children who can be integrated into programs for children without handicaps. This procedure serves a dual purpose: the child with a potentially handicapping condition socializes and learns with his or her age peers, and of almost equal importance, the children who have no apparent handicaps learn to accept and appreciate children who function despite certain limitations. Except for Head Start, which serves preschoolers, most mainstreaming programs presently begin when children

	First year	Second year	Third year	Fourth year	Fifth year
Capital outlay funds	First year priority	EXPANSION			
Teenage parents and infants	400 additional infants	EXPANSION			Serve 5,000 (half the estimated need)

Fig. 7. School-Age Parenting and Infant Development Programs—five-year plan for subsidized programs

enter school. It is mandated that Head Start classes include at least 10 percent handicapped children. Families with handicapped infants and toddlers have almost no subsidized child care available for their children.

Most mainstreaming programs take place in centers. While few subsidies are available to other child care providers, some family child care homes and nonsubsidized centers presently accept handicapped children. Many others would do so if they had funds for such things as necessary remodeling, special equipment, access to training programs, and additional staff. All necessary support services such as the above should be available to family child care providers and child development programs so that children with handicaps may be enrolled.

Self-contained programs for children with exceptional needs are for those children whose handicaps are so severe they cannot benefit from a regular child care program. Infants and toddlers are often not eligible for these programs.

The Commission suggests that handicapped preschool children be mainstreamed into existing programs such as the State Preschool, General Child Development Programs, or Head Start. The reason for beginning with preschoolers is that there are existing programs already available for this age group in which mainstreaming can and does occur. At present, there are few infant and toddler programs available. Once programs are available, mainstreaming can take place. It is important that regulations be flexible so that children who are not able to sustain regular hours of attendance can be served. Recommendation 14 describes the reimbursement of providers for children with exceptional needs. (See Figure 8.)

Part-Day Programs for Preschoolers

SCOPE OF THE PROBLEM IN 1978

Number of Children

- A total of 247,000 children in California between three and five years old have working mothers.[3,5]

Family Income

- Of the preschool children, 89,000 have working mothers with family incomes below $15,000 (for a family of four) and could qualify for a subsidy.[7]
- The other 158,000 have working mothers whose family incomes only qualify them for nonsubsidized care.

Existing Spaces

- A total of 25,000 children are served in subsidized care.[8]
- A total of 127,000 children are in nonsubsidized licensed care.[9]

Present Unmet Need

- A total of 64,000 children need subsidized care.
- A total of 31,000 children need nonsubsidized care.

The preceding figures may substantially understate the need for several reasons. First, there are no records as to how many of the subsidized children are in the 127,000 spaces listed for nonsubsidized children. In order to make a conservative estimate of the need, it was assumed that these 127,000 spaces are used by nonsubsidized children.

	First year	Second year	Third year	Fourth year	Fifth year
Infants and toddlers	INITIATION & EXPANSION ---->				
Preschoolers	INITIATION & EXPANSION ---->				
School-age children (before and after school and on holidays and vacations)	INITIATION & EXPANSION ---->				

Fig. 8. Programs for children with exceptional needs (mainstreamed and self-contained programs) five-year plan for subsidized and nonsubsidized programs

The second reason for possible understatement of need is that many of the 127,000 spaces in centers for nonsubsidized children are, in fact, used by families who are not working but who believe a preschool experience is important for their children. The result is that fewer spaces are available to working families than noted.

Part-day programs are included in this report, because many parents using these programs have part-time jobs. Part-day preschool programs play a very special role in this country. Families, working or otherwise, believe these programs are important to provide their children with a wide range of experiences which will form a basis for future learning, will provide for physical and social development, and will help their children. Substantiating this was a 17.5 percent[24] nationwide enrollment increase in these programs between 1970 and 1976. Very little of this increase was due to the needs of working parents.

Included in part-day programs are Head Start, private preschools, nursery schools, parent participation preschools under adult education, and other part-day programs.

Nursery schools and parent participation preschools are available to any families who can pay the full cost. Adult education partially funds some parent participation preschools, with a resulting moderate cost to the families. However, this adult education function is in a separate unit in the Department, which is not coordinated with the Office of Child Development. The Commission believes that it is essential that all services to preschool children be coordinated. (See Figure 9.)

Recommendation 2e

Programs and services to migrant farmworkers should be expanded and include:

- **State-level coordination of all agencies that offer services to migrants**
- **State-level coordination of existing health funds for migrants with additional funds for on-site bilingual health personnel**
- **Physical and dental assessments with follow-up treatments**
- **A social service component dealing with the unique needs of migrant families at each program location**
- **Funding to cover capital outlay, staff training, and annual start-up and close-down costs in addition to the regular grant**

In California, almost all migrant workers are Mexican or Mexican-Americans with some Filipinos, Indonesians, and others also doing migrant work. The constant migration and their cultural backgrounds make the migrant population unique. The children suffer from the effects of inadequate child care, health care, education, and housing.

SCOPE OF THE PROBLEM IN 1978

Child Care Services

- A total of 32,000 migrant children are below school age.[25]
- Eighty-four percent of these children are not being served in child care programs.[25]
- Only seven out of 35 camps have programs for children under two years of age.
- School-age children are served in only three out of the 35 camps.
- Extremely limited child care programs serve migrant children who live out of camp boundaries.
- Migrant children without child care are often exposed to the hazards of farm machinery, pesticides, and irrigation ditches. There have been instances of infants left in hot, poorly ventilated cars while parents and siblings worked nearby.

Health Care

- There is a high infant and mother mortality rate.
- A 1977 Office of Child Development survey of migrant children in California found that a high percentage between six and twenty-five

	First year	Second year	Third year	Fourth year	Fifth year
Preschoolers	----------	---------- EXPANSION ----------		----------	---------->

Fig. 9. Part-day programs—five-year plan for subsidized and nonsubsidized programs

months of age were anemic, as were half the children between four and eight years old.

- There is a high incidence of respiratory infections and diarrheal diseases.

Housing

- When housing is available, it is often inadequate, unsanitary, and lacking in the basic essentials of a decent environment.
- When housing is not available, migrants must sleep outdoors or in cars and trucks and use makeshift bathroom and kitchen facilities wherever they can be found.

Delivery of child care and development services to migrants is hampered by lack of money as well as by special factors that prevent migrants from getting the services they need. These factors include poverty, the constant mobility which isolates migrants from the traditional delivery of services, the language and cultural differences, inability to recruit appropriate staff, and the lack of coordination among the large number of federal, state, county, and local agencies serving migrants.

Migrant work depends on the season and the crop being harvested. Typically, a migrant family moves at least two or three times during a year. This makes continuity in child care impossible. It also means that verifying eligibility for health and social services often discourages migrants from trying to obtain needed services.

Only a small number of migrant children use English as their first language or are bilingual. Since almost all speak only Spanish, or very limited English, there must be staff at all levels in programs serving migrants who are bilingual and reflect the cultural background of the families.

There are 16 federal and state agencies administering Migrant Child Development Programs. The lack of coordination among these agencies, resulting in reduced and overlapping services for migrants, is a critical issue and should be resolved.

Currently, Migrant Child Development Programs are seasonal programs located primarily in government-subsidized housing projects within the various agricultural counties in California. Chiid care programs for migrant children all take place in centers. Programs should be available in family child care homes as well, and efforts to provide this option should be initiated. Capital outlay will be necessary to renovate homes in most cases.

	First year	Second year	Third year	Fourth year	Fifth year
INFANTS AND TODDLERS	1,200 additional children	EXPANSION TO			Half the estimated need
In each agricultural camp	X	EXPANSION			
On and off site staff training	X	EXPANSION			
Capital outlay at each camp	X				
Out-of-camp programs		X	EXPANSION		
PRESCHOOLERS					
Programs in each area		EXPANSION			
Capital outlay	X				
Training		EXPANSION			
SCHOOL-AGE CHILDREN					
In-camp programs			EXPANSION		
Out-of-camp programs			EXPANSION		
Training		EXPANSION			

Fig. 10. Migrant Child Development Programs—five-year plan for subsidized programs

There are two kinds of publicly funded programs: (1) in-camp programs, which include the 25 child care programs administered within the boundaries of the migrant camps; and (2) out-of-camp programs, which include the ten programs serving migrants that are located out of the camp boundaries. The need for child care is generally from 5 a.m. to 5 p.m., although some programs are open from 4:30 a.m. to 7 p.m. seven days a week.

It is difficult to find and retain staff in migrant programs, because most are only open about six months a year. Training programs, both preservice and inservice, are particularly important to provide quality programs for this transient population. In addition to the fact that the staff is often new each season, there is an enormous lack of experienced professional people available to operate the infant-toddler programs recommended by the Commission. Not only is training needed for those who work with this age group, but also there is a need for bilingual training accompanied by a knowledge of migrants.

Whenever possible, migrants themselves should be recruited, hired, and trained to work in the programs. The use of migrant aides, teachers, and administrators would provide stability for the children who return the following year as well as providing positive role models who value the culture and the families.

Recommendation 2f

Subsidies for care in a child's own home should be available, and standards for the care givers should be explored and developed during the Five-Year Plan.

When asked where they would like their children cared for, the majority of families reply that they want someone to come into their homes. In general, few subsidies are available for this type of care. The advantages of the convenience for parents and the lack of disruption for children must be balanced against the fewer opportunities for contact with other children and for the kind of stimulating experiences provided in a quality family child care home or center.

The Commission believes that families should have choices available for the care they need and, therefore, subsidies should be available for in-home care. At the present time, there are no health or other qualifications for in-home care givers, because in-home care does not come under the licensing laws. The Commission does not believe that such facilities should be licensed; however, the commissioners believe that when public funds are involved, some standards for the care givers should be required. It is recommended that these standards be explored and developed during the Five-Year Plan.

The issue of minimum wage is discussed in Recommendation 19.

Recommendation 2g

Methods of caring for sick children should be developed.

SCOPE OF THE PROBLEM IN 1978

- Licensing regulations in centers do not allow care for children who are ill.
- Many parents find their jobs in jeopardy if they stay home with their sick children.
- Last minute, temporary child care arrangements are difficult to make, expensive, and often unsatisfactory.
- Children who are ill need someone familiar to care for them.

It is important that when a child has a minor illness, there are plans and programs for care. The

	First year	Second year	Third year	Fourth year	Fifth year
Infants and toddlers		INITIATION	& EXPANSION →		
Preschoolers		INITIATION	& EXPANSION →		
School-age children		INITIATION	& EXPANSION →		

Fig. 11. Care for sick children—five-year plan for subsidized and nonsubsidized services

nature of the care must be tailored to individual programs, parents, and providers. It is important that all concerned are aware of the health needs and plans for dealing with them.

When young children are ill, families should have access to care either where the child is usually cared for or in his or her own home. There have been few programs designed for this type of care; however, when such care has been developed, experience has shown that attention must be paid to the type and length of illness and to the special needs of children who do not feel well. Medical consultation services must be available to those providing programs for sick children. For school-age children, rather than a specific program, there is a need for plans and their implementation that are age-appropriate. Parents must be involved in planning for the prevention and minimizing illness in their own children, and they should also be involved in drafting and evaluating the plan for the care of any sick child in the program. (See Figure 11.)

Recommendation 2h

Emergency and respite care for children should be developed in each community, both in-home and out-of-home.

SCOPE OF THE PROBLEM IN 1978

- A total of 73,000 children in California were referred to Child Protective Services in 1977.[26]
- Approximately 21,000 were referred because of child abuse and deprivation.[26] This was a 40 percent increase over referrals in 1976 and 54 percent over 1975.[27,28]
- There are practically no programs for the temporary care of children.

Emergency care programs are needed for the temporary care of children when the parent or responsible adult is not able to provide such care. Parents who face emergencies such as sudden illness or hospitalization need immediate but temporary arrangements for their children while they plan for a long-term solution.

Respite care programs offer one means of preventing child abuse. Often a parent who can temporarily get away from the tensions of child rearing receives enough relief to continue to cope with the children. Such programs should offer the parent access to counseling services and other needed community resources. Families who come under protective services have first priority for child care subsidies through the Office of Child Development, regardless of income. However, if there is no space, the priority does not help. In addition, respite care programs can provide a very important service to parents with alcohol or drug problems and to those who are developmentally or physically disabled. (See Figure 12.)

Recommendation 3

In order to provide appropriate services to youth from fourteen to eighteen years:

- **Programs should be developed and implemented in which a responsible adult serves as a contact person for youth during the parents' absence.**
- **Parenting education should be offered in grades seven through twelve and should include supervised experience working with children in child development centers and family child care homes.**
- **Persons involved in the development and teaching of parenting education should**

	First year	Second year	Third year	Fourth year	Fifth year
Infants and toddlers				Initiated for all incomes →	
Preschoolers				Initiated for subsidized families →	
				Initiated for full pay families →	
School-age children				Initiated for subsidized families →	

Fig. 12. Programs for emergency and respite care—five-year plan for subsidized and nonsubsidized programs

be required to have a background in child development and family living, including formal training and work experience with young children and their families.

- **The State Department of Education and school districts should draw on other agencies and the community for resources and technical assistance to support and expand the concept of parenting education and to assist schools in selecting courses.**

While it is obvious that youth from fourteen to eighteen years old do not require child care and development services in the traditional sense, the Commission recognizes that the needs of youth are unique to their development. Special concerns are raised by parents of this age group regarding their children's well-being during the parents' absence, and communities have a deep interest in the youths' participation in constructive activities as a means of preventing social problems. The Commission identified recommendations in three program areas which it believes reflect a positive approach to the special needs of youth. These areas are (1) programs providing a contact person for the youth; (2) parenting education programs; and (3) School-Age Parenting and Infant Development Programs. The latter area has been described in Recommendation 2d.

Youth from fourteen to eighteen do not need and do not want constant supervision. Instead, programs should be developed in which an adult serves as a contact person during the parents' absence. These programs should provide a home-like atmosphere in either a home or center setting or in a youth serving agency. They should create an atmosphere of responsible freedom where youth can experiment with growth-promoting activities and where the parents can be assured that while they are absent their children have contact with a responsible adult during working hours. It is vital to the success of the program that the youth, as well as the parents and staff, be involved in the determination of the on- and off-site program activities. The programs should be sensitive and responsive to the emotional and social developmental needs of youth.

Parenting, like other skills, is learned. There are quality parenting education programs currently operating in many local school districts, adult education programs, and community colleges. The Commission believes that it is vitally important for students to have the opportunity to acquire knowledge, attitudes, and skills that will enable them to better perform as parents. Therefore, it recommends that parenting education courses be offered in all schools beginning with seventh grade.

The Commission feels strongly that school districts consider making parenting education courses a requirement. Information and understanding of the responsibilities of being a parent should be easily accessible to teenagers before the rapidly increasing number of these youth have children.

The Vocational Educational Act priorities for 1977-78 cite the objective that all funded consumer and homemaking education programs include instruction in parenthood competencies. It is important that anyone teaching parenting education courses have a background in child development and family living. The students should have the opportunity to have supervised experience with young children. There is already a variety of curricula available that districts can tailor to their own use. Courses might include child growth and development, nutrition, dealing with stress, lifestyles, awareness of self, communication skills, and home management.

Diverse Linguistic and Cultural Needs

Recommendation 4

In order to meet the diversity of linguistic and cultural needs in California:

- Child care and development programs should enhance and reflect the multicultural and diverse linguistic backgrounds of all children enrolled by (a) providing culturally diverse male and female staff who serve as positive role models, by respecting the child's language and cultural values, and promoting articulation between the child's language and English; (b) emphasizing pride and respect for the native language and culture; (c) active involvement at all levels of the linguistic/cultural group concerned; (d) stressing the importance of parent participation in the child's education with parent training that includes the differences and similarities between the cultures of the children enrolled and the dominant culture; (e) fostering understanding and appreciation by the children and families of the dominant culture for the values of the minorities, including the use of cultural resources from the local community to enrich the curriculum; and (f) helping the families locate health resource persons who understand the language and culture of the group.
- Programs should use the language best understood by the child and then move gradually to the use of English, at the same time ensuring growth in proficiency of the native language.
- On an annual basis, efforts must be documented that recruitment and hiring of staff have occurred to meet the diverse linguistic needs of children being served.
- There should be active recruitment and hiring of bilingual-bicultural persons reflecting the local community, together with expansion and coordination of career ladder opportunities.
- Because of the importance of early language development as new bilingual funds become available, bilingual-bicultural child care and development programs should have priority. These funds should be allocated proportionately according to the state's minority distribution. Such funding should emphasize preschoolers and should address (a) parent education and involvement; (b) second language learning; (c) assessment of language dominance and proficiency; (d) development, implementation, and evaluation of bilingual-bicultural demonstration models; (e) training programs to promote understanding of bilingual-bicultural needs; (f) additional compensations for teachers using other languages; (g) bilingual-bicultural staffing at

all levels; and (h) incentive grants for small groups with special linguistic and cultural needs.

- **The Office of Child Development should have the responsibility to continue the exploration and identification of any special needs that may exist in California's diverse population, giving special support and resources to the American Indian, Asian or Pacific Islander, black, Filipino, and Hispanic*. Persons representing the various groups should be involved in the development and implementation of programs to meet the unique needs of each.**

***Since the great majority of Hispanic people in California are Mexican and Mexican-Americans and they are the state's largest minority, there should be an emphasis on meeting their linguistic and cultural needs.**

Taken together, California's minorities make up about 31 percent of the state's population.[16] Each of these cultures is an asset to be treasured and passed on not only to the children of that culture but also to all the children. California's diverse population contains values unique to each group as well as the language native to that group. It is the philosophy of the Commission that child care and development programs should reflect the cultural values and languages of their parent population in order for the children to become aware and appreciate the diversity of the state in which they live. Program activities should involve a sharing of each minority group's values as well as those of the dominant culture to ensure greater understanding and greater appreciation of the richness of all cultures.

From the beginning, the Commission has been concerned with the needs of *all* children and is aware that each cultural group has special needs that should be met. These groups should be addressed as follows, based on the categories of the State Department of Education in its biannual survey of students and staff by racial and ethnic groups: American Indian; Asian or Pacific Islander; black; Filipino; and Hispanic. The Commission recognizes that the category of Hispanic is made up in large part by persons of Mexican descent and that the Mexicans and Mexican-Americans comprise the largest minority group in California.

Quality Child Care and Development Services

Recommendation 5

All children and their families should have access to quality child care and development services. The Commission has identified these seven major components of quality:

- **An indoor and outdoor physical environment that is safe and appropriate to the age of the children being served**
- **Age-appropriate program activities and services that are designed to meet the basic intellectual, social, emotional, and physical needs of each child as well as special needs, such as multicultural and bilingual**
- **Families, child care providers, and community members who contribute through their own involvement to the growth and development of children**
- **Support services available to children, families, and providers of care that include resource and referral, provider training, health services, transportation, nutrition, and social services**
- **Program administration that ensures efficient and effective programs**
- **Funding that is timely and adequate to carry out all components**
- **Appropriate preparation of persons providing child care and development services to children and families to ensure meeting children's basic intellectual, social, emotional, and physical needs**

Excellent care can take place in either a center, family child care home, or in the child's own home. Parents make their choices based on information on the availability of programs, cultural values, consumer attitudes, and available funds. The age of the child is also a factor in the parent's choice, because a quality program for a two-year-old child would hardly qualify as a quality program for a nine-year-old child. In order to obtain quality care, parents must have easy access to information that will help them make informed choices.

This description of quality care is not meant to tell parents what choices to make or in any way to supersede licensing regulations. It is, however, the result of thoughtful discussion by the commissioners who, themselves, have the widest variety of philosophies and experiences.

The Commission has described the seven components of quality below. Within each component are grouped characteristics which, when taken as a whole, indicate that quality is present. Except where noted, the indicators apply to all three age groups: infant toddlers (zero to three years), preschoolers (two and one-half years to kindergarten), and school-age children (kindergarten to fourteen years). The exceptions are listed specifically for the relevant age groups in each of the descriptions of the seven components.

Physical Environment

The first component of quality child care and development is a physical environment that is appropriate to the age of the children being served. The physical environment must be adaptable to both family child care homes and centers. There are three areas that serve as indicators of quality in the physical environment:

1. *Facility*—A quality indoor facility is one with adequate light, ventilation, and acoustics. It is esthetically pleasing with an atmosphere that is cozy, warm, and intimate, and which is above all child-oriented. The layout includes provision of adequate storage and space available to children, parents, and providers of care, and it takes into account the functions and needs of the program. The arrangement of space allows for privacy. Provision is made for the temporary isolation of children during minor illnesses. The facility adheres to standards of cleanliness.

   Outdoors, the provision of shade, water, sand, grassy areas, storage, and fencing are indicators of quality. The outdoor surfaces are appropriate to the activities, age, and special needs of the children served.

   Licensing regulations define minimum space requirements. These are minimums, not optimums, and attention should be paid to the use of the space available.

   Specific Facilities for Infants and Toddlers

   Special attention should be paid to the provision of areas in the facility for separate functions such as playing, sleeping, diapering, and food preparation.

   Sanitation procedures should include proper diaper disposal, handwashing, proper refrigeration, and dishwashing. Special attention should be paid to the care and cleanliness of the floors.

   Specific Facilities for School-Age Children

   For older children the facility should serve as a home base where the children can check in with an adult before engaging in after-school activities.

2. *Safety*—The elements of safety that relate to quality are: (a) existence of age-appropriate emergency procedures that are properly posted (e.g., fire, earthquake); (b) adults who have current first aid and cardiac pulmonary resuscitation (CPR) training; (c) first aid supplies which are readily accessible to adults but not to children and are periodically replenished; (d) adequate fencing; (e) well thought out traffic patterns; and (f) building and playgrounds that are free of hazards.

   Specific Safety for Infants and Toddlers

   Because infants and toddlers may have to be carried, an indicator of quality is the special attention by adults to a process for quickly removing very young children in an emergency. Protective barriers or gates indicate attention to safety.

3. *Equipment and Materials*—The equipment and materials used in programs are indicators of quality when they are age and developmentally appropriate and in good repair. Books and other learning materials should be nonsexist, multicultural, and of sufficient quantity and variety for the size of the group, and they should be easily accessible to the children.

   Specific Equipment and Materials for School-Age Children

   The equipment and materials must provide the opportunity to balance school-day experiences with others, such as vigorous play.

Program Activities

The second component of quality child care and development is program activities that are designed to meet the needs of each child. The indicators of quality within these programs are:

1. *Age and Developmentally Appropriate Activities*—Quality indicators in this area are: (a) opportunity for children to make choices; (b) provision of a variety of easily accessible materials; (c) availability of activities that are of increasing difficulty; (d) opportunities for both active and quiet play; (e) encouragement of self-help skills; (f) provision of both group and individual play with peers and other age groups; and (g) children and adults jointly involved in planning and implementation of activities whenever possible, including cleaning and maintenance of their surroundings.

   Specific Activities for School-Age Children

   Activities that encourage school-age children to acquire new skills and to reinforce present skills are indicators of quality. Such activities revolve around vocational and avocational skills, such as exploration of the work world, hobbies, games, sports, creative activities, and assistance with homework. There

must be linkage with community resources, such as park and recreation programs, libraries, youth serving agencies, and the public schools. It is important to be aware that children who have spent most of the day in school need a change of pace through small group and individual activities.

2. *Bilingual Education*–Quality indicators include adults at all levels of the program who serve as good primary language models in the child's primary language. There is also inservice training to assist with the introduction of other languages and methods of communication, such as sign language. There are adequate bilingual materials being used. Parent involvement in the planning, implementation, and evaluation is especially important.
3. *Multicultural Awareness*–The major elements included in multicultural awareness are adults who reflect the cultural backgrounds of individual children but who interact with all the children. The adults must have access to inservice training as well as to multicultural activities and materials. Parent involvement in the planning, implementation, and evaluation is essential.
4. *Individualization*–Essential to quality care is respect for and encouragement of each child. Also essential is sufficient flexibility in scheduling to accommodate the ages and developmental needs of the children. A third important factor is an adult-to-child ratio that is appropriate to the age of the children and that reflects the need for a higher than average ratio at certain times of the day.

Specific Activities for Infants and Toddlers

Individualized activities are of particular importance in infant and toddler programs. There should be an adequate variety of sensory materials to develop awareness of the surroundings. These activities should be of increasing levels of difficulty. Some activities will require the 1:1 participation of an adult.

Specific Activities for School-Age Children

The need of school-age children for adult contact and supervision depends on their age and previous experience. An indicator of quality for younger school-age children is the constant presence of adults. An indicator of quality for older children is the availability of adults who are responsible for the children but who are not necessarily present at all times. They should be able to recognize varying abilities to function independently and responsibly.

5. *Adult-Child Interactions*–Quality in adult-child interactions refers to a sufficient number of adults who are sensitive to individual needs and who are there consistently. They listen to and respect children and are warm, nurturing, approachable, patient, and loving.

Specific Interactions for Infants and Toddlers

A critical area related to quality is consistent, nurturing care given both daily and over long time periods by the same adults. The provision of 1:1 relationships are particularly important.

Specific Interactions for School-Age Children

Quality in adult-child interactions is indicated by encouraging this age group to develop interpersonal skills such as, but not limited to, problem solving, decision making, and clarification of values.

The Adults Involved with Child Care

The third component of quality child care and development requires three groups of adults who contribute to the growth and development of children: (1) the families; (2) the providers of care; and (3) the community members. Each of these three groups must have certain aspects which, when taken together, indicate quality in this component. Each adult group is described separately although there must be close linkage among them.

Families

The indicators of quality that should be present are parents' participation in decision making, and where parents desire, opportunities for parental involvement and parent education.

1. *Participation in Decision Making*–Opportunities must be present for parents to become familiar with the decision-making process, as well as to be active participants in policy decisions related to their child care programs.

Specific Involvement of School-Age Children

Parents are encouraged to focus on the importance of involving children and youth in decision making.

2. *Parental Involvement and Parent Education*–The opportunity should be provided for parents who are interested to have experiences that support and enhance their role as parents. These experiences are to be planned with the parents. Parents who choose to work with the children should have adequate orientation available in advance.

   Appropriate plans for health clearance (including, but not limited to testing for tuberculosis) for any adult who volunteers on a regular basis should be clearly described in the health plan for the program. Parents who volunteer to work with the children on a regular basis must be tested for tuberculosis.

Providers of Care

Providers are the people other than parents and guardians who give care to the children. They are the care givers in family child care homes or the children's own homes and staff members in centers.

The indicators of quality related to providing care, either in a center, a family child care home, or in the child's own home, focus on the qualifications of the provider and the morale of the provider:

1. *Qualifications*–Qualified providers are those who have or who are in the process of acquiring the attitudes, skills, and knowledge that make it possible to provide a nurturing environment. They have acquired through experience and training the ability to understand the growth and development and the linguistic, cultural, and special needs of children. Their qualifications are visible both through the provision of appropriate activities and through their relationships and interactions with the children, parents, each other, and community members. Providers have the proper health clearances.
2. *Morale of Providers*–There is a climate in which each person feels adequate and competent and feels that he or she is a contributing member. This climate includes a mutual support system and the opportunity for providers to be involved in decision making when it is appropriate.

Community Members

The major indicators of quality in this area relate to involvement of community members in child care and provision of linkages to community resources and services.

1. *Community Involvement*–Opportunities are provided for community members to serve on boards of child care programs and to participate in all areas of the program. In addition, both professional and nonprofessional volunteers are welcomed because they expand the variety of the child's experiences and augment existing staff.
2. *Liaison with the Community*–To make maximum use of available resources, there must be linkages to other child care providers; the local community, such as youth agencies, United Way, churches, and so forth; and the state and national services.

Support Services

The fourth component of quality is support services available to children, parents, and people providing care. The following support services are present in a quality component:

1. *Resource and Referral Services*–Resource and referral includes provision of necessary services through which parents can locate the child care they need and providers can fill their openings. Parents are provided with materials in their primary language whenever possible in order to enhance their choice of care. In addition, these services put parents and providers in touch with community resources they both need. For a defined geographical area, information about needs of children and their families should be available to providers and vice versa.

   There should be coordination among Resource and Referral Agencies in order to assist families who move from one area to another. Recommendations 28 and 29 in the section on the statewide delivery system describe resource and referral services further.
2. *Provider Support Systems*–A quality support system for providers (whether working in centers, family child care homes, or in-home care) facilitates contact with other providers. A support system also includes the sharing of materials and equipment, technical assistance, services to self-help groups, and linkage to community services.
3. *Health Services*–One indicator of quality in the health area is the existence of a health plan for meeting the needs of all participants in the program. The plan should be based on

many available guidelines and should be fully discussed and understood by parents, staff, and community advisers, including those who do not speak English. Such a plan would include, but not be limited to: (a) description of the health clearance required for each child and for any adult (volunteer or staff member) who works regularly with children; (b) on-going health records to be kept for each child and each staff member; (c) specific plan in case of an accident or sudden illness of a child while participating in the program; (d) plan for nonemergency care of sick children (such as diarrhea, colds, skin diseases, worms, and so forth); (e) access to consultation by appropriate health professionals; and (f) plan for education about health for children, parents, and staff.

Specific Health Care for Infants and Toddlers

Two additional indicators of quality in health care are emphasis on the importance of immunizations and access to a pediatric nurse, nurse practitioner, or physician at all times.

Specific Indicators for School-Age Children

Completion of required immunizations and development of an understanding of accident prevention are important indicators.

4. *Transportation*—An assessment of the target population has been made to determine the need for transportation. Transportation is sometimes a necessity to provide children with before and after school care and care in some rural areas. Transportation may be needed for field trips, for emergency situations, to social services, to and from public school and care location, between center and family child care home, and from home to care facility. Attention is paid to safety, insurance, adequacy of vehicles, and competence of drivers. Advance preparation, follow up, and safety education for the children are routinely included.

5. *Nutrition*—A quality program includes nutrition, nutrition education, food preparation, and snack and meal time planning involving children, parents, and providers. The program uses food to expand multicultural awareness.

   There is emphasis on balance and variety of foods, with no junk food being offered. Parents and providers have access to information and education in basic child nutrition.

Specific Suggestion for Infants

Infants are held during bottle feeding.

6. *Social Services*—Families have information about social services as well as availability of other professionals. These people are sensitive to parents' needs and have a thorough knowledge of community resources.

Program Administration

The fifth component of quality child care and development is an administration that ensures efficient and effective programs. An administrator is any person in a leadership role. Thus, in child care programs the term administrator may be interpreted to mean the provider in a child care home and the parent in in-home care. Good and bad programs reflect their leaders. Consequently, it is important that the quality of the administration continuously grow; training programs should be available in all aspects of administration and organizational skills. It is important to look at the ways in which administration enhances quality in each component. While a few indicators of quality listed below may apply only to centers or clusters of family child care homes, the majority of indicators can be applied to all types of child care:

1. *Physical Environment*—Administrators must secure appropriate space both indoors and outdoors, with provision for appropriate facilities and equipment.

2. *Children's Programs*— There is recognition of the importance of parental and provider input to develop a program philosophy. There is comprehensive on-going planning, implementation of plans, and on-going evaluation.

   The staffing patterns in centers and family child care homes must appropriately balance program needs with fiscal considerations.

Specific Recommendation for School-Age Children

There is provision for transfer of records when children enter elementary school.

3. *Adults in the Program*

   a. Families— An administration concerned with quality helps parents to be informed about the program, encourages them to observe it, and provides them with regular reports on their children.

      Advisory boards, where they are appropriate, have a high percentage of parent representation, and parents are represented on decision-making boards.

b. Providers of Care–One indicator of quality is personnel policies that are clear, consistent, and fairly applied. Policies must include mechanisms for communication and for recognition of the professional status of child care workers. A second indicator is attention to recruitment and selection of personnel of both sexes from a variety of cultural and linguistic backgrounds. The providers are involved in planning and implementation. A third indicator is a process for formal and informal evaluation which contributes to the providers' growth.

c. Community Members–The administration has knowledge of and contact with community members and agencies. They maintain this contact through a variety of personal and media channels. The facility has a welcoming environment to visitors that helps promote positive feelings about child care services.

A second area of community contact is through child care advocacy. To increase effectiveness of advocacy, there is documentation available of the needs of children and their families, involvement of parents and community in discussions of child care, a continuous effort to keep the community informed, and appropriate support or opposition to legislation.

4. *Support Services*–Quality administration utilizes available support services and assists in development of new services for unmet needs, identification of resources, and development of mechanisms to secure them.

5. *Funding*–Quality administration is evidenced by development of adequate budgets that include benefits for staff, knowledge of funding sources, and ability to secure funds.

Appropriate and adequate recordkeeping systems are provided to monitor expenses and ensure fiscal accountability. Both parents and providers are kept informed of budgeting and funding status.

Funding

The sixth component of quality child care is the funding to carry out programs. The indicators of quality are:

1. *Adequate Funding*– Quality programs require adequate operational funds. A particularly important area is adequate provider salaries and benefits which reflect their professional status.

2. *Length of Funding Cycle*–In order to provide for more efficient management, there should be a three- to five-year funding cycle. The cycle includes regular reporting to the funding agencies as well as mid-cycle adjustments when appropriate.

3. *Capital Outlay Funds*–Funds are available for the development of facilities. It is recognized that in many cases, additional funds will be needed annually.

4. *Start-Up Funds*–New programs have access to start-up funds for initial planning and establishment of programs.

Training

The seventh component of quality services is the adequate preparation of the people providing child care and development services. Included in this preparation is the opportunity for continuous provider development and training related to their individual needs. This training is available both on and off the program site and is directed toward both professional and personal growth of the providers in order to meet the developmental needs of children and their families.

Recommendation 6

Parents should have a choice of program that allows the opportunity for maximum involvement in planning, implementation, operation, and evaluation.

There should be both opportunity for and respect for parental choice of child care and development services. It is essential to provide parents with adequate information so they can make appropriate choices. When appropriate, informational materials should be available in more than one language.

In many communities, there are factors that may interfere with choice. One factor is the absence of sufficient centers or family child care homes, particularly for certain age groups of children. Another factor is that in some communities, there is no choice other than publicly subsidized centers, because the community is too poor to support privately operated programs.

Other factors interfering with choice are those related to cost, quality, or location of services. However, the Commission believes choice is very important and should be made available to the extent possible.

The Commission also believes that while it may not be practical at this time, society should proceed in the direction that will eventually allow parents the choice to stay home with their children. This can be accomplished by encouraging employers to provide options for employees, such as flexible scheduling, job sharing, and part-time work. These arrangements would make it possible for parents to have time off to be with their children.

Recommendation 7

Health services offered by family child care providers and child development programs should include:

- **Adoption of a recognized set of guidelines for a quality health component**
- **Designation of one person responsible for implementation and enforcement of the adopted health plan and coordination with health services available in the community**
- **Arrangement with Resource and Referral Agencies for provision of health education resources to children, families, providers, and community residents (Health professionals should receive information about child care and development programs.)**

Health services are a necessary part of child care and development programs, regardless of whether these programs take place in centers or family child care homes. Care givers in family child care homes as well as staffs in centers should have a clear set of guidelines to follow such as:

Child Development Day Care Health Services, DHEW, Pub. No. OCD 73-12

Child Development Guidelines, Sections 802, 803, 804, California State Department of Education, 1977

Laws and Regulations Relating to Licensing of Children's Day Care Facilities, California State Department of Health, 1972

All programs should have a plan describing what a quality health component includes, as well as one that describes the role of the parents and providers in planning and implementation of health services. Parents and providers should work together in developing these plans.

It is important that a specific person be responsible for implementing and enforcing any health plan. Since it is often necessary for providers and families to have access to local agencies that provide medical, dental, hearing, visual, and psychological services, this same person should be responsible for such coordination. Families may also need information in their primary language about physicians, dentists, and other health care providers in the community who offer health care to children and who may be available for those who have yet to find a satisfactory source of continuing health care.

Health education should be available for the children, their families, and providers of care. Community members and health care professionals should be included to increase their awareness of the health needs of children's programs. In order to avoid duplication, family child care providers and center staffs should arrange with their local Resource and Referral Agencies for the provision of health education resources.

Recommendation 8

Facilities which meet licensing standards should be used (unless care is provided by relatives or in the child's home).

California statutes require the licensing of all programs which care for children in the absence of their parents. The State Department of Social Services is the agency that administers licensing for private centers and family child care homes.

It is estimated nationwide that only between 10 and 25 percent of the children are in licensed care facilities. Licensing provides an important tool through which quality standards can be enforced. Use of licensed facilities provides equal protection for children, regardless of whether their care is paid for by their parents or subsidized with public funds.

The Commission believes that all facilities serving children should meet licensing standards so that parents can be assured that the health and safety of their children are not in jeopardy.

The State Department of Education provides subsidized care only in facilities that meet licensing standards. The Department of Social Services does not follow this policy in its income disregard

system by which families on welfare have their child care fees subsidized. In many counties, there is no requirement that these families use only licensed care. The result is that thousands of children are possibly receiving inadequate care that is paid for with public money.

Wide distribution of information to parents and care givers about the nature of quality services, how to find them, and how to provide them will be the most effective means of ensuring quality care.

Recommendation 9

There should be adequate licensing funds and trained personnel to ensure compliance with quality standards in all programs.

The licensing agencies, as presently funded, do not have adequate money or trained personnel to carry out their functions. With the increasing need for child care and development programs, both subsidized and nonsubsidized, the relatively small expenditures for additional personnel can greatly improve the quality of care for large numbers of children whose parents are absent during any part of the 24-hour period. Appropriate training of licensing personnel is essential to their understanding of the reasons behind specific child care regulations and for the timely enforcement of these standards.

Recommendation 10

Licensing regulations should:

- **Have input from parents and providers in the initial and ongoing stages of development.**
- **Address the seven components of quality.**
- **Be consistent and uniform throughout the state to facilitate maximum coordination of services in relation to fire clearances; health, safety, and sanitation standards; with waivers available for situations which clearly do not threaten the health and safety of children.**
- **Include age-appropriate standards for staffing ratios, staff qualifications, and program activities.**

An effective method to ensure that obtaining a license will be attractive to current and prospective care givers is to have both parents and providers included in the development of regulations from the beginning and to be involved throughout the process. In this way, the two groups that have the most direct knowledge of and experience with children would both have the opportunity to provide input and to become educated themselves about licensing.

The Commission believes in the importance of relating programs to the needs of the individual communities. Therefore, standards and regulations should be flexible enough to meet community needs and at the same time preserve the seven components of quality care described in Recommendation 5. There should be increased communication between state and local authorities on fire clearances and health regulations, with waivers available in special situations that clearly do not threaten the health and safety of the children.

A process should be set up for interagency review of the regulations as well as for ongoing communication. Of particular importance for children are the qualifications, experience, and education of care givers. They should be reviewed on a regular basis to see if licensing codes are being met.

At present, the standards that must be met by child care and development programs depend on the source of their funding. Programs with federal funds must meet the Federal Interagency Day Care Requirements (FIDCR). Programs administered by the State Department of Education using only state funding must meet the provisions of Title 5 of the California Administrative Code. Alternative Child Care and all other subsidized and nonsubsidized programs must meet the less rigid licensing requirements set forth in Title 22 of the California Administrative Code. The major differences among these standards are the staff-child ratios and the services for children and families that must be included.

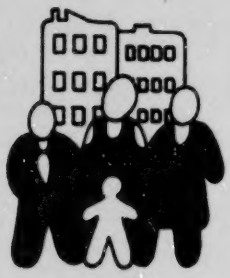
The Commission believes that standards and regulations for care should be uniform for all children, taking into consideration the ages of the children. The key factor must be the quality, not the family income or source of funding.

Recommendation 11

Enforcement agencies should provide support, motivation, and technical assistance to enable programs to comply with regulations.

Admittedly, it can be difficult for any one person to be both an enforcer of regulations and a

program consultant at the same time. A regulatory body that is doing a good job must necessarily provide support, incentives, and assistance to programs so they can comply with the requirements. Regulations, of course, should either be enforced or abolished; however, the focus of regulatory agencies for child care services should be to provide the kind of technical assistance that assists programs to comply. This will, in many cases, necessitate the training or retraining of personnel concerned with monitoring and licensing to ensure an understanding of the components of quality care.



Funding of Child Care and Development Services

The Commission believes that a commitment to ensure that all children have access to quality child care and development services requires both continued funding for existing programs and expanded funding for services not presently available. While the state should continue to provide substantial funding, there are many other public and private sources of funds that can be integrated with state funds to pay for child care and development services.

Existing sources of funds for subsidized services present a most confusing picture to individuals applying for funds. There are over 30 separate funding sources for subsidized programs in California. The major sources are (1) State General Fund; (2) Title XX of the Social Security Act; (3) the Department of Social Services through the income disregard system (described under Recommendation 20); (4) Head Start; and (5) until June, 1978, with the passage of Proposition 13, a school and college permissive override tax. Some funding sources are restricted to particular services. Examples are Indian Migrant Program Development, Parent Participation Preschools through adult education, child nutrition services, special education, and bilingual programs. Still other sources are not restricted to child care programs but are available to human services in general. Examples are revenue sharing, CETA, and community development funds. Lastly, there are funds that come from sources other than the government such as United Way, foundations, noncash community contributions, and employer and employee organizations.

In addition to the urgency of a dollar expansion for child care, the following approaches to funding at the local level should be emphasized:

1. *Coordination of Services*–Before exploring possibilities for expanding present funding or developing new funding sources, child care and development programs must avoid duplication of existing resources. For example, health services are essential in quality programs. Family health insurance and California Department of Health Services already address the needs of many families. All they need is assistance in learning how to use the health care system to which they are entitled. Health services money should be limited to families who do not have access to other resources.

   Another example is coordination of services offered to children by private organizations such as the YMCA, YWCA, libraries, girls clubs, boys clubs, and by public agencies (such as recreation departments) with those of child care and development programs. School-age children in particular need the same opportunities to engage in these outside activities as do children whose parents do not work. In addition to expanding program activities, coordinating these services with child care programs would have cost-saving benefits.

2. *Coordination of Resources*–An efficient way to provide child care and development funds is for governments at each level to look for ways to work together. For example, training programs should be an integral part of all child care and development services. In light of the diversity of training needs and the Commission's emphasis on increasing the number of infant-toddler programs and pro-

grams for school-age children, training is particularly necessary. Therefore, there should be coordination with other agencies such as offices of county superintendents of schools, the Department of Social Services, and community colleges for maximum use of training monies.

Similarly, when the federal government provides funds through CETA for jobs, local governments should ensure that many of those jobs go to child care and development agencies. Child care and development people need to work with their local officials to alert them to possible areas of coordination and to suggest implementation. In addition, resources from private groups, nonprofit agencies, and foundations should be coordinated with public resources in order to avoid duplication of effort.

The recommendations in the rest of this section of the report will deal with information on funding, funding for capital outlay, reimbursement for special needs, reducing some parent fees, funding through the private sector, funding for salaries and benefits, delivery of child care and development funds, subsidies for family child care, funding to cover cash flow problems, and the buy-out of federal funds.

Recommendation 12

The Office of Child Development should provide current information on all sources of federal, state, and private funds available to subsidized and nonsubsidized programs.

It is very difficult for individual child care and development programs to keep abreast of the maze of funding sources, requirements, and application dates. In addition, individual programs are not always aware of available services with which they could coordinate. It is vital that a central state agency, such as the Office of Child Development, perform the functions of an information clearinghouse.

Child care and development programs which are funded by the Office of Child Development find that they must reapply for funds each year whether or not they change their program in any way. The application is usually a time consuming task and, if no major changes in program are envisioned, the costs of administrative time might better be spent in other ways. As an alternative to the annual application, such programs could undergo an annual evaluation, such as that presently used by the Office of Child Development to determine whether their funding should continue for another year. New applications could be submitted every three years unless major changes are intended.

Recommendation 13

Capital outlay funds should be expanded for eligible programs through an increased use of combined state and federal funding.

Revenue is badly needed for capital outlay. It should be available to centers and family child care homes to acquire land, to build new facilities, to renovate existing buildings to bring them up to fire and building codes, and to purchase appropriate equipment. In the past, only very limited funds have been available for such expenses on the theory that when there is not enough money for child care, it should all go for operating costs. However, in many communities there are literally no appropriate facilities that can be rented; therefore, there is no way to use any operating funds that might be available.

A process should be developed to coordinate federal capital outlay money (such as community development funds) with state funds available to agencies for operation costs. Individual programs have the same difficulty keeping informed about potential sources for capital outlay funds as they do for operating funds. The clearinghouse referred to in Recommendation 12 should perform this function.

Recommendation 14

Additional reimbursement should be given to all child care and development providers, especially family child care providers and vendor-voucher systems serving children with special needs (including protective service). Funds and resources to prepare providers for this type of care are needed.

Some providers are reluctant to serve families with special needs for several reasons. First, children with handicaps and children under protective service often use care on either a temporary or inconsistent basis. Providers, therefore, cannot always count on regular reimbursement. In many cases, it is financially impossible for them to hold

open spaces that could otherwise be filled by a full-time child. Second, providers are understandably apprehensive about serving children who have needs with which they are not familiar or who may require additional staff or special equipment.

The Commission recommends additional reimbursement as a means of making it possible for providers to accept children with special needs. Funds should be provided, and there should be resources for preparation, training, and support of providers. It is hoped that family child care providers and vendor-voucher systems will increasingly be able to serve this group of children.

Recommendation 15

Reduction of child care costs to families should be provided through:

- **Increased state income tax credits directly related to the cost of care**
- **Eligibility for entry on the sliding fee scale at 115 percent of the state median income (After 115 percent, families should pay the full reimbursable amount.)**

Parent fees are the major source of income in all child care programs in which parents have the ability to pay. Parents who cannot afford the full cost pay part of the fees and in some cases no fee at all. To make up the difference, programs which serve low and moderate income families must have other sources of income to subsidize these fees.

Whether families pay full or partial fees, child care services, particularly for more than one child, can take up to 30 percent of a family's income. Since such expenses are a necessary cost of earning a living, attention should be paid to ways of reducing child care costs to families. Income tax credits are one way of doing this. A second way is to revise the eligibility guideline for the state sliding fee scale.

State income tax credits for child care are presently limited to $120 a year. An increase in the tax credit would assist most families with their child care fees. It would also increase the ability of families to choose child care in either family child care homes or in centers on the basis of program quality and not price. With tax credits related to the cost of care, price becomes a lesser factor. Consequently, when parents choose child care, competition among programs is more likely to revolve around quality, and thereby give good programs an edge in the marketplace. As a result, quality care will become more available and accessible to all children regardless of income.

A second method to reduce the cost of care to families is through a change in eligibility for the sliding fee scale. Families who can find subsidized space and who do not have the ability to pay the full cost of the child care program are assessed fees on a sliding scale set by the state. Families are not allowed to enter the scale if their income is more than 84 percent of the state's median income or $15,902 (at the time this report was prepared) for a family of four. However, currently enrolled families whose income has increased can remain in their program until they earn 115 percent of the median income. The Commission's recommendation is that this inequity be deleted so that all families making less than the 115 percent figure be allowed to enter the sliding scale.

A related problem with the sliding scale, as it now stands, is that families whose income has increased a few dollars beyond the eligible amount for the sliding scale face a sudden and substantial increase of fees to the full cost. Such families often cannot afford the full cost and yet can no longer qualify for a subsidy. By extending the sliding fee scale in a straight line up to the cost reimbursed by the state, there would be two desirable results. First, programs would become increasingly economically integrated, because as family income increases, families would continue to pay fees on a sliding scale and, therefore, be able to remain in the programs. Second, the fee income from higher income families should increase and would, to some extent, replace the need for public funding.

Recommendation 16

The 25 percent match requirement for Campus Child Development Programs should be eliminated while campus maintenance of effort is continued for currently funded programs. This would bring reimbursement for campus programs into line with maximum reimbursement for all other child development programs funded under the Child Development Act of 1972.

Campus Child Development Programs are discriminated against in funding, because they alone are required to provide a 25 percent match for state funds received. In effect, this has meant that these programs were funded for only three quarters of the amount available to other state child care

programs. With the passage of Proposition 13, many campus programs have seen the withdrawal of matching funds previously available through the override tax. Implementation of this recommendation would bring campus programs into line with most other child development programs by allowing them to receive 100 percent rather than 75 percent funding for subsidized families.

Recommendation 17

Incentives such as tax credits should be available to employers who provide child care and development services through any of the following: (a) direct service programs; (b) vendor-voucher payments; (c) capital outlay; (d) the 25 percent match for acquiring federal funds; and (e) provision of maternity or paternity leaves without penalty.

Employer-related child care has been slow to surface as a viable source of funds. The reasons are related to the reluctance of employers to provide service in an area outside of their usual expertise and concern over benefits limited to one group of employees. The Commission believes that it is time to encourage employers to enter the child care picture. Employers would realize substantial benefits from lower employee turnover, lower absenteeism, and the increased productivity of employees who would be free from worry about the adequacy of care for their children.

It is true that not all employees need or want child care. For those who do, one suggestion would be for employees to request that child care be included in a fringe benefit package. With child care one of the options, employees could then choose the benefits of most interest to them.

In order to encourage employers to provide child care and development services, increased incentives such as tax credits should be available. These credits should be available to employers who either choose to provide direct service programs, such as on-site center care, or to provide vouchers to family child care homes or centers.

Tax credits could also serve as an incentive for employers willing to become a grantee for federal funds for subsidized child care. This would mean an employer or a group of employers would put up the necessary 25 percent matching funds for child care in return for 75 percent from the federal government.

Another area in which the state should provide tax credits to serve as incentives to employers is the provision of maternity or paternity leaves without penalties for employees. The rapidly increasing number of working women who have children under six months old results in an ever increasing need for infant care. Because of the special staffing requirements, infant care is the most expensive kind of care. A good strategy from an economic and childrearing point of view is to provide incentives for employers who provide maternity or paternity leaves up to six months that in no way penalize parents in terms of seniority, promotions, or other benefits. The child care costs would be reduced, the children would have the benefit of their parents' care, and the parent would not have to face the meager child care alternatives now available for infants.

Recommendation 18

Salaries and benefits for child care workers in the private sector should be increased without increasing parent fees by:

- **Providing tax credits for programs that pay more than the minimum wage**
- **Allowing programs to buy into benefit packages such as health care, retirement, insurance, and group purchasing through schools, cities, and counties**
- **Including child care services as one of the options in an employee benefit package (Such a package for state employees should serve as a model.)**
- **A change requested in the federal child nutrition services programs to allow all child care programs that serve food to qualify for funds**
- **Coordination of training programs between the public and private sectors**

Provision of benefits for all employees should be based on the number of hours worked.

The Commission is well aware of the current situation regarding low salaries and benefits for people working in the child care field. While it is

true that salaries and benefits vary considerably, there is considerable evidence that:

- Some staff, particularly in nonprofit and private proprietary centers, make less than the minimum wage.
- Many family child care providers make only the minimum wage during hours they care for three or more children.
- Child care workers rarely receive benefits such as sick leave, paid vacations, social security, health plans, and retirement plans.
- It is common practice in those public and private child care programs which must negotiate with bargaining units that aides are hired for only the number of hours below which no benefits must be paid.

The cost of child care and development programs is dependent on personnel costs, because about 80 percent of the average budget goes for staffing. Personnel expenses account for most of the difference in cost between publicly operated programs and those in the nonprofit and private proprietary sector. While wishing to emphasize that people performing the most important function of caring for children deserve adequate compensation, the Commission recognizes that increased salaries and benefits often result in higher child care costs to families. Therefore, the above recommendations are geared to methods that will provide incentives to raise salaries and benefits in the private sector and at the same time not pass these increases on to parents. The key concept is the tying of incentives to provision of increased salaries and benefits by the organizations involved.

The ability of the private sector to increase salaries and benefits can be expanded by decreasing some of its other expenses. Two of the Commission's recommendations will help accomplish this. First, a change should be made in the federal requirements for child nutrition services so that all child care programs that serve food can qualify for funds. Presently, even if a proprietary program has some subsidized children, they are not eligible for this federal program. Such a change would have the additional benefit of ensuring that nutritionally adequate meals and snacks would be served. Second, coordination of training programs between the public and private sectors would ensure that monies spent on training in one program would not duplicate training in other programs.

Recommendation 19

The Office of Child Development is urged to explore and develop a reimbursement system to meet the minimum wage law for family child care and in-home care providers based on a formula for full-time care, number of children served, and the hours worked.

Low salaries and frequently nonexistent benefits are often the rewards for people providing care in a family child care home and in the child's own home. These providers are entitled to a reasonable [illegible] for the quality services they provide. They often work 11 hours a day, with no one to relieve them for even a few minutes. Programs that provide subsidies through a voucher or vendor payment have no way to track the amount that providers earn to ensure that the minimum wage is met. In order to approach the minimum wage, these providers must care for three and sometimes four children during every hour they work. Even this does not include the opportunity for any benefits. The Commission believes that subsidized programs must find a way to meet the minimum wage for family child care and in-home care providers and to make options available to them for benefits. The solution will be complex, because a reimbursement system must take into account the number of children at one time, the hours worked, the age of the children, and at the same time must not increase costs beyond the reach of families who can pay the full cost.

Recommendation 20

All funding mechanisms should be expanded (e.g., direct services, vendor-voucher payments, income disregard) provided they allow for (a) quality programs; (b) diversity of child care needs; (c) parental choice; (d) socioeconomic mix of children wherever possible; and (e) accountability of quality and cost.

Delivery of Funds

At the present time, there are five principal funding mechanisms to transform available public money for child care and development into the needed subsidized services to children and their parents. The current funding mechanisms are (a) provision of direct services; (b) vendor payment systems; (c) voucher payment systems; (d) income disregard system; and (e) income tax credits.

Provision of Direct Services

Through the provision of direct services, public, private nonprofit, and proprietary agencies are funded by the Office of Child Development to operate centers and/or family child care homes. The agencies are responsible for program content and quality, fiscal management, determination of eligibility, and other administrative procedures. The programs are regulated through California statutes, licensing laws, fire regulations, zoning ordinances, and building codes. The specific regulations that each agency must meet are determined by the requirements of the funding source and the codes in local communities.

Examples of programs that are funded for direct services are State Preschool, General Child Development Programs, Migrant Programs, School-age Parenting and Infant Development Programs, and Campus Programs. Some programs combine centers and family child care homes (often referred to as satellite programs).

On the one hand, by funding direct services, both funding and operating agencies have the opportunity to set standards for that service. Such standards may include staffing ratios; staff qualifications; staff development; and the inclusion of health services, nutrition services, social services, parent education, and evaluation. On the other hand, parental choice is often limited because subsidized programs may not serve all ages of children, may not be in convenient locations, or may not offer a choice between family child care homes and centers. Direct service programs do not often provide for coordination of community resources, articulation between programs, or prevention of duplication of services.

Vendor Payment Systems

In using vendor payment systems, a public or private agency contracts directly with those centers and family child care homes or people providing in-home care which are chosen by subsidized families to provide care for their children. The agency administering a vendor payment system may require that facilities meet certain conditions, but it does not operate these facilities. For example, the State Department of Education requires that the agencies it funds make vendor payments only to licensed vendors. In some cases, providers of care have to meet additional quality requirements set by contracting agencies, while in other cases they do not.

Alternative Child Care Vendor Programs and County Standard Agreement Contracts are examples of the use of vendor payment systems. Cost is agreed upon in advance and is usually for a specified number of hours.

Both vendor and voucher payment systems allow private proprietary programs access to public funds for families needing subsidies. However, if the vendor or voucher payment system only provides subsidies and does not concern itself with the provision of support services to increase the quality of care, then children and their families will be the losers. Therefore, a key factor related to quality that must be included is access by vendors to a variety of support services provided by Resource and Referral Agencies. Support services include nutrition programs, staff development, parent education, and health programs. Vendor payments allow for substantial opportunities for contact between local operating agencies and the providers as well as with parents. Operating agencies can use these contacts to work with providers to provide quality services and to assist parents to make appropriate choices of care.

The difficulty of ensuring quality programs in a vendor payment system must be balanced by the benefits. The benefits are, first, that parents may choose care in any facility; second, the result is a socioeconomic mix; and third, maximum use is made of child care spaces in local communities through utilization of the private sector.

Voucher Payment Systems

When the voucher payment system is used, a public or private agency is funded to provide paid vouchers directly to families eligible for subsidy in centers, family child care homes, and in some cases, in-home care. These vouchers are used to pay for a specified number of hours of care. The funding agency may require that each facility meet certain requirements. For example, the State Department of Education requires voucher payment programs to use only licensed care facilities, while the Department of Social Services does not have such a requirement. In some cases, the local operating agency requires that facilities meet additional agency-imposed standards. In other cases, agencies do not set standards.

Parents may choose care in any facility approved by the funded agency. This payment system allows for subsidy funds to be used in private proprietary as well as nonprofit and public facilities. Both vendor and voucher payment systems tend to encourage increases in numbers of family child care homes and centers because of the opportunity to enroll subsidized children. Of course, there must be

space in the community for such facilities, as well as personnel to license the facilities if such increases are to take place.

Income Disregard System

The income disregard system is available only to eligible families receiving Aid to Families with Dependent Children. Their child care costs are deducted from their employment income before the amount of a cash welfare grant is computed by the Department of Social Services. There is usually a limit on the amount that may be paid for child care services. The result is that families are limited to the less expensive options for care. A family may choose care in a center, family child care home, or in-home. The Department of Social Services has no requirement that care be in a licensed facility although some counties do require this. It should be remembered that families using the income disregard system account for about one-third of the total families receiving subsidized care.

Under the income disregard system, families have the opportunity to choose the care desired within the funding limit. Since the number of welfare families the Department of Social Services may serve is not limited, the available funding is more open-ended than that for other mechanisms. However, these benefits must be balanced against several adverse factors of concern to the Commission. First, there are no quality requirements; second, parents who have the least ability to pay must pay for their total child care cost before being reimbursed; third, child care may not exceed the agency limit on cost; and fourth, support services are not usually available.

Income Tax Credits

Under the income tax credit approach, public funds are not directly delivered as they are in the other funding mechanisms. Rather, the tax paid to the government by the taxpayer is decreased by the amount of the income tax credit. This mechanism is available to all working families with child care expenses up to the limits set by the state and federal governments. In the case of the federal government, the maximum credit is 20 percent of employment related expenses, and in the case of the state government the maximum tax credit is $120. The Internal Revenue Service and the State Franchise Tax Board monitor the claim for a tax credit. They do not provide funds or set standards for child care. A family may save as much as $800 on its federal tax and $120 on state tax which, in fact, is a subsidy to middle and higher income families.

Parents have maximum choice through this mechanism, and there is no limit on the number of families who may claim a credit. In addition, there is little administration. Balanced against this are the lack of standards for care, lack of enforcement, and lack of support services for either families or the providers of care.

When expanding any mechanism, the needs of the local community should be considered. Child care and development delivery systems should be available in every community based on the needs of the community. For example, it may be inappropriate to expand a vendor or voucher system in a migrant camp area where there are no private programs or family child care homes available for the use of vendor or voucher payments.

The Commission believes that child care and development services are strengthened through provision of a variety of funding mechanisms. In order to meet the differences in child care needs of families of all incomes, it is vital that no one funding mechanism be allowed to monopolize the way money is disbursed. By setting the conditions listed in Recommendation 20 on expansion of any funding mechanism, it is possible to make use of the advantages of each system while at the same time addressing the disadvantages.

Recommendation 21

Where there is a need for family child care homes, funding through the vendor-voucher system on a sliding scale should be initiated and/or expanded. Funding should also be available for capital outlay and start-up costs, when necessary, to encourage expansion of such homes. Support services should be available for all providers.

In 1976-77, excluding Alternative Child Care, 7 percent of the children subsidized by the Office of Child Development were in family child care homes and 93 percent were in centers. The proportion of homes increased in 1977-78 although the exact figures were not available in time for this report. However, funding is low relative to centers. In many communities, families needing a subsidy do not have a choice between a center and a family child care home, which means that while many parents would prefer a home for their child's

care, they must enroll their children in a center or forego the subsidy.

The Commission believes that a greater proportion of the money spent for child care services should be spent in family child care homes. The vendor and voucher programs present the easiest mechanisms to deliver these funds. Expansion of homes, however, in many communities cannot take place without funding capital outlay to bring the homes up to licensing standards and without funding for start-up costs for age-appropriate equipment. The Commission recommends that these funds be available to homes. At the same time, support services, essential to all quality child care programs, should also be available to family child care homes.

Recommendation 22

Cash flow problems for the Office of Child Development funded agencies should be decreased through:

- **A revolving loan fund available in the Office of Child Development.**
- **An advance payment, equivalent to one-third of the funding amount. This payment should be available as early as possible each fiscal year and no later than July 15.**
- **A carry-over of 10 percent of the funding amount into the next fiscal year.**

Financial instability of small community-based child care services is the rule rather than the exception in privately operated agencies. Their programs are not considered good risks by banks, because they are nonprofit operations and usually undercapitalized. Publicly funded programs have the problem that the vast majority of funding agencies do not allow for normal cash flow needs. If fees are late, the staff may not get paid on time. In addition, public funding is on a year-to-year basis, which means that any unused funds are returned at the end of each year. Since there is no way to accumulate contingency or reserve funds, it is difficult for management to meet the payroll at the beginning of the fiscal year, to do comprehensive long-range planning, and to stabilize service.

Availability of funds to operate in each new fiscal year is a recurrent problem, particularly for private agencies. Presently, all unused funds each June 30 revert to the State General Fund and cannot be carried over to the next fiscal year. The effect of this is that many agencies are subjected to a cash flow problem each July. Some banks are willing to make short-term loans; however, interest payments are not a reimbursable expense, and many agencies, in any case, do not have the credit to obtain a loan.

Revenue is also badly needed to cover start-up costs for new programs. Start-up costs include planning costs, funds for initial supplies and materials, and salaries during the early months while programs are reaching capacity. At the present time, start-up funding is rarely available. The result is a lack of expansion in the proprietary, nonprofit, and public sectors. A first step in expanding the number of child care spaces is to permit public funds to provide start-up costs for subsidized spaces. Low interest loans or revolving loan funds should be utilized to assist nonsubsidized programs with start-up costs.

Recommendation 23

The Commission supports the state superintendent's request, mandated by the State Legislature in AB 99 (1972), for a waiver of the U.S. Department of Health, Education, and Welfare's single state agency requirement.

Recommendation 24

There should be no further state buy-out of federal funds for child care and development programs.

The U.S. Department of Health, Education, and Welfare's single state agency requirement provides that all Title XX funds must go to only one agency in a state and be used in accordance with the state plan. In California, the Department of Social Services is that agency, even though since 1972 the Department of Education has administered the child development programs. This arrangement necessitates a series of complex interagency agreements involving funding, operation, and evaluation of programs. A request for a waiver from this requirement is supported by both departments, the Governor, and the Legislature. In spite of this, approval by the U.S. Department of Health, Education, and Welfare has never taken place.

The term *state buy-out* refers to the use of state funds for child care that replace equivalent federal funds. For example, California must match every

three federal dollars for child care with one state dollar. Presently, California has far exceeded the amount necessary to match federal funds. Therefore, the excess funds can be used to *buy-out* or substitute state child care dollars for federal dollars.

The advantage of buying out federal funds is that the state does not have to meet the Federal Interagency Day Care Requirements which require more staff than are required by the state. However, when the current review and revision of these requirements are completed, they may be close to the California Administrative Code, Title 5, standards for child care and development programs.

The disadvantages of the buy-out are first, rather than obtaining both federal and state funds, programs would then be dependent on the Legislature for any increased funding; and second, there is no guarantee that the state would be willing to expand child care and development services to the same extent as the federal government.

Statewide Delivery System

The Commission believes that child care and development services must be viewed as a right for all children in this state regardless of whether or not these services are subsidized. The underlying principle must be to provide access for all families whose children need care for whatever reason. Which children should be provided services partly or fully without cost to the child's family is a separate decision that, of necessity, will be based on economics and priorities.

The present system of delivering child care and development services has been based on a deficit model describing who needs care. In other words, when a particular group has been identified as inadequate in some way, such as those who had to work, those who were poor, or those who provided inadequate parenting, programs have been set up to take care of the problem. The result has been that many needed programs were opened, but the focus was problem oriented. The result was a separation and sometimes an isolation of services that was never intended.

A new model for delivering child care and development services requires that a new kind of coordination take place. The following recommendations reflect the philosophy of the Commission based on services to all children.

Recommendation 25

All child care and development programs funded through the State Department of Education should be administered through the Office of Child Development. Programs should include, but not be limited to, the following: Pregnant Minors and Preschool Incentive Grants presently in special education; parent participation preschools presently in adult education; programs for children through vocational education; and those state preschools presently in elementary field services. An external review committee should be established to assess the outcome for child care and development programs after one and two years and to make recommendations after three years.

In the past, new programs were developed on the basis of funding sources rather than on good coordination and administration. Thus, for example, we have a Program for Pregnant Minors administered in the Office of Special Education that addresses the needs of the pregnant teenager but does not address her needs a few months later when she has a child who needs care. At the same time there is another program administered by the Office of Child Development serving pregnant teenagers, school-age parents, and their infants. These programs serve the same population and sometimes are competing for the same students.

Another example is the PL 94-142 preschool incentive grants administered through the Office of Special Education. Some of these funds are available for handicapped children, ages three to five, in programs administered by the Office of Child Development. It would be simpler for the Office of Child Development to apply directly to the federal government for these funds.

A third example is the parent participation preschools under adult education. The children's programs are considered a laboratory for the parents taking the course. Available funding rather than coordinated planning is the reason these programs are administered under adult education rather than the Office of Child Development.

Similarly, some home economics programs, which are administered through vocational education, operate programs for young children as a laboratory for the high school students. Coordinated development for the children's programs does not necessarily take place.

The final example is the State Preschool Programs administered by two units within the Department of Education. Those programs in private agencies and the offices of county superintendents of schools are administered by the Office of Child Development, and those in public schools are monitored and reviewed by elementary field services.

The Commission believes that an important step in provision of services to all children is to coordinate all programs serving children. In the October, 1978, report to the Legislature, the Auditor General strongly recommended improvement in coordination of services for children and youth. The Commission believes this coordination must be related to the needs of children, not needs of programs. Such coordination should begin in the State Department of Education itself. Since the purpose is to provide more effective and efficient programs for children, there should be an external review committee to assess the outcome for children resulting from this coordination and to make recommendations at the end of three years. The external review committee would monitor the coordination in the framework of the Commission's recommendations.

Recommendation 26

In view of the Commission's concern and commitment that all children have access to child care and development programs, there is the need to bring together both subsidized and nonsubsidized programs under one administration. Therefore, the external review committee in Recommendation 25 should have the responsibility for recommending the most effective administrative structure for all these programs. This review is to be completed within three years.

One administrative structure should be established that can maintain choices for parents, diversity of programming, and quality services for all. In this way, subsidized and nonsubsidized care can be brought together. Many child care responsibilities, both subsidized and nonsubsidized, are not under the State Department of Education but are under the Department of Social Services. This is because the Department of Social Services includes both the licensing function as well as provision of subsidized services through the income disregard system. Whether parents choose a private proprietary program, a publicly funded program, a vendor-voucher system, or income disregard system, these divisions of responsibility should be done away with.

During the next three years, while the external review committee is studying the most effective administrative structure for all these programs, there should be working agreements between state agencies to increase coordination of child care and development services.

Recommendation 27

Given the importance of child care and development programs, the Office of Child Development should be elevated to independent status as a major organizational unit within the State Department of Education.

Provision of child care and development services is recognized as contributing significantly to the development of children, to the prevention of future costly problems, and to the economic and emotional well-being of families. The availability of these services has a substantial impact on the economy, because the services make it possible for families to work and thereby become economically independent, thus decreasing the number needing welfare.

Child care and development programs and services are growing at a rapid pace. This can be expected to continue because of the increase in the number of working mothers. On the contrary, other programs in the Department of Education can be expected to decrease, thus reflecting the decline in the birthrate.

Child care and development programs are too important to be administered together with other special services. The Office of Child Development should be elevated as a major organizational unit within the State Department of Education in recognition of the essential role of caring for our children.

Recommendation 28

Resource and Referral Agencies should be expanded to include all geographic areas of the state (based on need and communities of common interest).

Recommendation 29

The functions of Resource and Referral Agencies should include:

- **Provision of information to parents which will enable them to choose appropriate child care and other family and children's services.**
- **Development of support services and provision of technical assistance to providers.**
- **Assistance in coordination of community resources that serve children and families.**
- **Provision of local needs assessments of children's services, with special emphasis on child care.**
- **Assistance in child care planning based on these assessments. A variety of agencies, including the private sector, should be encouraged to participate in the delivery of these resource and referral functions.**

Resource and Referral Agencies are the links between parents and programs, providers and parents, as well as parents, providers, and community resources. In only a few years, these agencies have taken a major step toward serving all children by providing communication between the public and private sectors. They reach parents of all income levels and work with all types of programs within their service area. Resources, assistance, and support available for one program are made available to all other programs. This ability to vitally involve the private sector should be encouraged.

The ability of Resource and Referral Agencies to use all available spaces in a community, to improve quality through providing support services, and to provide parents with information and education that can prevent costly future problems make for a most economic system of delivering services.

Therefore, Resource and Referral Agencies should be considered an essential part of the statewide delivery system. When they have been expanded so that all areas of the state are covered, they will have the capability to provide an accurate picture of the child care needs of California's diverse population. They will be able to devise community based comprehensive plans that will build on the coordination of local resources. And most important, they will continue to provide the kind of child care information for parents that in the long run will serve as the best means of enforcing quality services.

Recommendation 30

Based on local needs assessments, there should be coordination at the state level of all agencies which can serve children and their families.

Resource and Referral Agencies can provide coordination of local community resources based on local needs assessments. However, because of the diversity of California's population, the child care and development needs of one local community will necessarily be different from another. The local needs assessments should feed directly into statewide planning. State coordination should be based on and should reflect these local assessments. Therefore, it is essential that there be state-level coordination of agencies serving children and their families in order to ensure that all services provided by all sectors be available to all children.

Summary of

"Child Care and Development Services"

Report of the Commission to Formulate a State Plan for Child Care and Development Services 1978

Wilson Riles' Charge to the Commission

1. Reexamine principles and goals of an appropriate child development delivery system.
2. Outline components of a comprehensive qualitative program, including support services.
3. Examine the four major funding mechanisms for subsidized care.
4. Review other relevant areas, such as licensing standards, professional standards, salaries, etc.

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The Commission's Statement of Purpose

"The Commission believes the broadest possible community commitment and involvement are necessary to ensure quality child care and development services. To this end, the Commission will build on the strengths of existing programs. It will also make recommendations which allow for parental choice, reinforcement of cultural values, and a variety of services which support, enrich, and extend existing and proposed new services."

The Need for Child Care and Development in California

Testimony before the Commission repeatedly verified the fact that a serious shortage of child care services exists for families at all income levels; for example:

- 396,000 children in California under three years old have working mothers.

  Only 19,500 licensed spaces are available for these children.

- 247,000 children between three and five years old have working mothers.

  Only 173,000 licensed spaces are available for these children.

- 372,000 of the 1.6 million children between five and fourteen years old need care before and after school and during school vacations.

  Only 106,000 licensed spaces are available.

There is a continuing increase of children with working mothers; despite the decline in the birth-rate, there will be an expanding need for child care and development services.

Many of these families can pay for their children's care, but about one-third, particularly those headed by single parents or those with marginal incomes, need fully or partly subsidized services. The family is the child's most important asset, and we must help keep it intact.

The Recommendations of the Commission

A summary of the recommendations of the Commission follows, with the recommendations printed in boldface type. The full report contains back-up data and amplification. This summary is also available in Spanish from the Department of Education.

- **All families should have access to child care and development services that meet their needs.**

California can no longer afford to offer services to families only after a crisis has developed. Families need care for their children for a variety of reasons that are independent of income, geography, or ethnic background. Families must have child care and development programs and services available to meet their diverse needs at a cost they can afford.

The Five Year-Plan of the Commission

- **Phase in new and expand existing child care and development services.**

The Five-Year Plan addresses the many child care needs that have been documented repeatedly.

The plan is based on maintaining all existing publicly funded quality programs and expanding programs and services to persons in specific age groups, income levels, and geographic areas. Parents should have the option of a center, a family child care home, or care in the child's own home. The need crosses all income levels; therefore, some families will pay for services and others will need subsidies.

- **Set five priorities for first year.**

For the first year the Commission identified five priority areas where there are exceptional needs.

First, priority should be given to care for infants and toddlers. Many children, particulary those whose parents are migrant farm workers or teenage parents, face risks because of inadequate and insufficient care available while their parents work or go to school.

Second, priority should be given to school-age children needing care before school, after school, and during holidays and vacations. Too many are "latch-key" children without available supervision. When there is community neglect of this age group, the potential cost to society is high, and it ranges from boredom to vandalism.

Third, Resource and Referral Agencies are included as a priority because of their unique ability to increase communication between the public and private sectors and to provide a step toward serving all children.

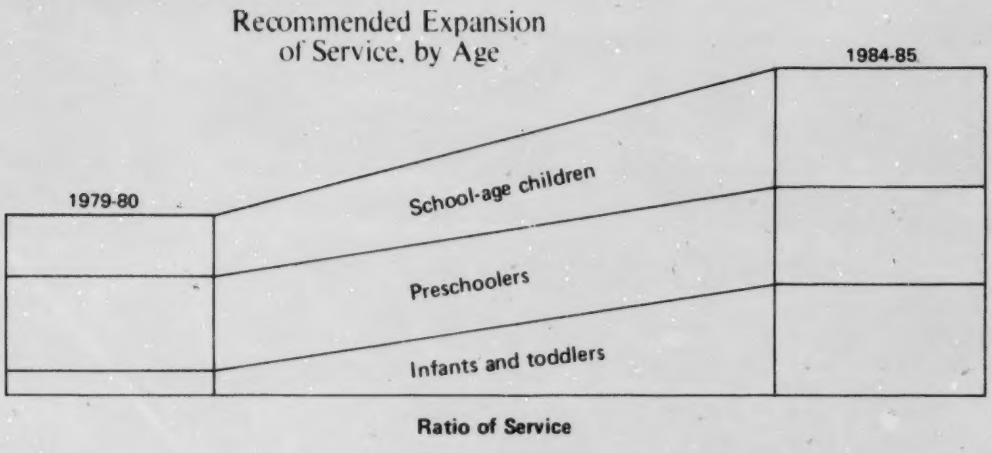
Fourth, many isolated geographic areas have few programs and services and should have priority for expansion.

Fifth, child care and development services to handicapped children are long overdue. Completion of interagency agreements for funding are needed with the Office of Special Education.

The plan emphasizes parental choice. Parents need both adequate information and sufficient facilities to make appropriate choices of care for their children.

First Year Priorities

Priorities	Number of additional children	Additional cost (in millions)	
		Operation	Capital outlay
Expand infant and toddler programs	12,600	$13	$10
Expand before and after school care	7,000	7	
Expand Resource and Referral Agencies		3	
Expand service to isolated geographical areas			
Facilitate funding for handicapped children			
		23	10
Total	19,600	$33	



- **Expand programs and services to migrants.**

Programs should be expanded to all age groups, and capital outlay funds for facilities should be increased. Staff at all levels should be bilingual, should reflect the cultural backgrounds of the families, and should be trained to understand the special needs of this population.

- **Maintain and expand programs for State Preschools, General Child Development, Campus Child Development, Alternative Child Care, School-Age Parenting and Infant Development, Children with Exceptional Needs, and Part Day Needs.**

In June, 1978, the Office of Child Development received 539 applications for expansion totaling $73 million. However, only 88 agencies could be funded. Expansion should occur in family child care homes and in centers. Every effort should be made to provide economic integration in all programs.

- **Provide programs to care for sick children. Programs should be open during nonstandard hours.**

When children have minor illnesses, working parents often find their jobs are in jeopardy if they stay home to care for their children. Families should have access to care either where the child is usually cared for or in his or her own home.

Many women must work late afternoon shifts, at night, on weekends, or during holidays. In a tight job market, it is an extra family burden when child care options are restricted during hours when jobs might be available.

- **Develop emergency and respite care.**

Emergency care programs are needed when parents face emergencies, such as sudden illness or hospitalization, and need immediate but temporary arrangements for their children while they plan for a long-term solution.

A total of 21,000 children in California were referred to Child Protective Services in 1977 because of child abuse and deprivation. Respite Care Programs are one means of preventing child abuse and should be available to parents.

- **Child care and development programs should enhance and reflect the multicultural and diverse linguistic backgrounds of all children enrolled.**

California's diverse population has values and languages unique to each group. Child care and development programs should reflect the cultural values and languages of the parent population in order for the children in those programs to respect and take pride in their backgrounds.

In addition, persons representing various groups with special cultural and linguistic needs should be involved in the development of programs to meet those unique needs.

- **Develop appropriate service to youth from fourteen to eighteen years old**

Youth from fourteen to eighteen years old do not require child care and development services in the traditional sense. However, their special needs should be addressed by providing a contact person when parents are absent and by parenting education programs beginning in the seventh grade.

Quality Child Care and Development

- **All children and their families should have access to quality child care and development services. The Commission has identified seven major components of quality:**
  1. **A physical environment that is safe and appropriate to the ages of the children**
  2. **Program activities that are age-appropriate and that meet the needs of each child**
  3. **Families, child care providers, and community members who contribute through their own involvement to the growth and development of children**
  4. **Support services that include resource and referral, provider training, health services, transportation, nutrition, and social services**
  5. **Program administration that ensures efficient and effective programs**
  6. **Funding that is timely and adequate to carry out all components**
  7. **Appropriate preparation of persons providing care**

Excellent care can take place in either a family child care home, a center, or in a child's own home. Parents, when they are informed about the components of quality programs, will serve as the best means of enforcing that quality.

- **Facilities which meet licensing standards should be used.**

- **Licensing regulations should have parent and provider input, address the seven components of quality, and include age-appropriate standards for staffing, staff qualifications, and activities.**

The use of licensed facilities is important, because it provides equal protection for children whether their care is subsidized or not. Licensing provides assurance for parents that the health and safety of their children is not in jeopardy.

Funding Child Care and Development

- **Direct service programs, vendor-voucher programs, and the income-disregard system should be expanded, provided each allows for quality programs, diversity of child care needs, parental choice, socioeconomic mix of children, and accountability for cost and quality.**

The Commission believes that a commitment that children have access to quality child care and development services requires both continued funding for existing programs and expanded funding for services not presently available.

While the state should provide substantial funding, there are many other public and private sources of funds that can be integrated with state funds to pay for costs of the services.

- **There should be:**
  - **Easy access to funding information**
  - **Expansion of capital outlay funds**
  - **Reimbursement for special needs**
  - **Methods of reducing some parent fees**
  - **Funding campus child development programs**
  - **Incentives to employers**
  - **Funding for salaries and benefits**
  - **Prevention of cash flow problems**
  - **No further buyout of federal funds**

Statewide Delivery System

- **The Office of Child Development should be a major organizational unit and administer all child care and development programs funded by the State Department of Education.**

  An external review committee should be formed to assess coordination and future administrative structure.

A delivery system that serves all families needing care should place strong emphasis on coordination. This coordination must be related to the needs of children, not the needs of programs. It should include all agencies with child care responsibilities for either subsidized or nonsubsidized services.

- **Resource and Referral Agencies should provide information to help parents choose appropriate care, offer support services and technical assistance to providers of care, and assist in coordination of community resources.**

Resource and Referral Agencies are an essential part of the delivery system, and based on needs and communities of common interest, the agencies should be expanded to all geographic areas.

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*The references are arranged in the order in which they first appear in the report. The superior numbers in the report correspond to the numbers of these references.

Appendix A
Glossary

Alternative child care: AB 3059/76: Legislation providing $10 million for Alternative Child Care Programs designed to develop cost-effective ways to deliver child care and development programs, provide a broad range of choices for parents needing publicly subsidized child care services, address unmet child care needs in communities throughout the state, and identify workable alternative child care practices which might be replicated in other areas. The program, administered by the State Department of Education, Office of Child Development, includes center care; family child care homes; voucher/vendor programs; Resource and Referral Agencies; capital outlay. The program was expanded to approximately $17 million in 1977-78.*

Annualization: A term used to describe a process whereby agencies, having provided services funded for a portion of the previous year, are funded the following year at levels sufficient to cover a full year.*

Buy out: An equal exchange of state dollars for federal dollars in the state budget for child care. The exchange allows the state flexibility with respect to administrative and program requirements in child development programs. The resulting free federal dollars may be used in other federal social services programs.*

Child care and child development: Child care and child development programs include a full range of services designed to meet a wide variety of needs of children ages zero–fourteen (and of protective services for children ages zero–eighteen) and their families. These services are for children whose parents or guardians express a need or desire for them during any part of a 24-hour day. Essential program elements can include but are not limited to: nutrition; health; social services; education; protection and supervision; support services to providers; parent education and involvement; staff development; special needs, including multilingual and multicultural; special services, as needed; and evaluation.

Purpose

1. To promote and support the healthy physical, mental, social, and emotional growth and development of children.
2. To assist families in achieving and/or maintaining their personal, social, economic, and emotional stability.
3. To identify and respond to the real and continuing changes occurring within the society and impacting on families and children.

Programs may be located in a center, a family child care home, or within the child's own home.

Child care center: A child care arrangement for more than 12 children which is provided in a facility other than a family residence and which is specifically designed for the purpose of providing child care for less than 24 hours in any one day.

Child Health and Disability Prevention (CHDP): A program created by AB 2068 in 1974. The program includes the federally mandated Early Periodic Screening Diagnosis and Treatment program (EPSDT) and provides the following services at the community level: outreach and health education services; health screening; referral for further diagnosis and treatment. The program requires that EPSDT be implemented and that all children entering school have health screening documentation or a signed parental statement refusing such screening.*

Child Health Assessment Program: A Carter Administration proposal providing increased federal matching rates for state EPSDT implementation. The EPSDT program is further strengthened by increased requirements for state EPSDT implementation; and the bill contained phased-in requirements that assessments be done by primary care health deliverers capable of providing follow-up, diagnosis, and treatment.* Centers subsidized by federal funds must give enrollment priority to children referred from protective services.

Children's Center: Subsidized child care centers with comprehensive child development programs operated by school districts for preschool and school-age children between the ages of two and fourteen, enabling their parents to work or participate in work training programs.

Compensatory education: Programs especially designed to help students from economically deprived backgrounds to succeed in school. Such programs often include teacher aides, tutors, special supplies, field trips, and small groupings of children.

County Contract Centers: Prior to July 1, 1974, a total of 16 county welfare departments operated child care centers directly or under contract with private, nonprofit local agencies primarily to serve families receiving Aid to Families with Dependent Children benefits. After that date, these centers came under the jurisdiction of the Department of Education; they are now operated under contract with the Department, much like Children's Centers and AB 99 programs.*

Crippled Children Services (CCS): Crippled Children Services is a statewide program administered for persons under age twenty-one with a legislatively defined serious physical disability and for their families; it is adminis-

*All definitions followed by an asterisk were taken in whole or in part from *Alphabet Soup, Children's Glossary of Terms*, developed by the Governor's Advisory Committee on Child Development Programs.

tered by county health units in coordination with the State Department of Health Services. The program provides both diagnostic and treatment services to persons so defined.*

Diagnostic Treatment Services: Diagnostic Treatment Services for Children is a Title XX program providing specialized residential care and assessment for emotionally disturbed children whose history documents special behavior problems which preclude them from remaining at home or at prior placement.*

Early Childhood Education (ECE): California's effort to initiate reform in the public schools through Early Childhood Education by restructuring and revitalizing the kindergarten-primary (K-3) program. This was made possible by legislation, SB 1302/Dymally, enacted in 1972. The ECE task force recommendation upon which the legislation was based included four-year-old children.

Early Periodic Screening Diagnosis and Treatment (EPSDT): This is a program for Medi-Cal recipients, entitling all such recipients to periodic checkups and referral for diagnostic and treatment services.*

Family child care home: Under new regulations expected to be adopted before the end of 1978, a family child care home regularly provides care, protection, and supervision to a child or children in a care giver's own home for periods of less than 24 hours per day while the parents or guardians are absent. Licensing will allow up to 12 children, depending on the number of supervising adults and the indoor/outdoor space available. It will limit the number of infants (zero–two years) to a maximum of four if there are only infants in the home. Requirements are more stringent if over six children are given care. The provider's own children up to twelve years of age are counted in the total capacity. Requirements are the same for children aged three years through eighteen years. Local health, safety, and zoning requirements affect family child care homes.

Family child care home network: This is a cluster of family child care homes utilizing centralized services, which may include information and referral, group purchasing, administration, fiscal management, training; other activities may also be carried out. Such networks may be associated with center care sites.*

Federal Interagency Day Care Requirements: The 1967 amendments to the Federal Economic Opportunity Act established an interagency task force, including representatives from the Office of Economic Opportunity; Department of Health, Education, and Welfare; and the Department of Labor to develop Federal Interagency Day Care Requirements, a "common set of program standards and regulations" for federally funded day care. These standards, enacted in 1968, and slightly amended by Title XX cover a number of program characteristics: staff/child ratios and the size of the group; suitability and safety of facilities; the provision of social, health, and nutritional services, staff training and parent involvement; administrative coordination and program evaluation. In 1974, through Title XX, the secretary of HEW was required to evaluate the "appropriateness" of FIDCR. The appropriateness study was completed and now awaits the action of the secretary.*

Head Start: This is a federal program for preschool children initiated in 1965 under the Economic Opportunity Act and initially administered by the Office of Child Development but now by Administration of Families, Children and Youth in the Department of Health, Education and Welfare. The program consists of half-day and full-day classes funded by regional offices of HEW directly to local communities. Comprehensive developmental programs are provided, with a strong emphasis on health screening and referral, parent involvement, career development, and community action.

Income disregard system: This funding mechanism is available only to eligible families receiving Aid to Families with Dependent Children. Child care costs are deducted from their employment income before the amount of a cash welfare grant is computed by the Department of Social Services.

In-home care: This is child care which takes place in the home of the child being served as opposed to the home of the care giver.*

Medi-Cal: Also known as the California Medical Assistance Program is California's Medicaid program, authorized under Title XIX of the Social Security Act. County welfare departments administer the Medi-Cal certification of recipients of AFDC, SSI/SSP, the medically needy, and medically indigent. Medi-Cal provides health benefits to those persons whose income and resources are either insufficient to meet the costs of medical services or are so limited that medical bills would severely jeopardize a family's self-sufficiency.*

Medicare: This is a federally funded health insurance program under Title XVIII of the Social Security Act which provides at least partial payment for medical bills for the elderly and the disabled. Many Medicare recipients also receive Medi-Cal.*

Migrant Centers: These are centers provided by special state and federal funds to serve children of migrant farm laborers. State Migrant Programs (the majority of available migrant programs) operate in migrant camps during times when seasonal agricultural workers are needed throughout the state.*

Out-of-Home Care Services: Out-of-Home Care Services for Children is a Title XX service provided to or on behalf of children who are provided temporary or long-term 24-hour care outside their own homes; or who are being considered for such placement. Services include assessment and counselling to determine whether such placement is appropriate and necessary, and evaluation to determine appropriate return-to-home plans, and consultation and technical assistance to foster parents.*

Parent Participation Preschool Programs: These part-day programs are planned for preschool children and their parents. They include:

Parent Participation Preschool: under adult education, parents enroll in an adult education class in conjunction with a laboratory or demonstration preschool. The parent agrees to participate in one session a week and to attend a weekly separate adult education class in parent education. The child may participate from one to five days.

Parent co-ops: privately owned and operated by a group of parents who participate regularly with the children and have scheduled parent meetings which may include parent education, policy planning, fund raising, maintenance, and repair.

Parent observation: the term used for classes which usually meet once a week under adult education. Every child has a parent in attendance. Parents observe the children at play under the direction of a head teacher assisted by a few designated parents. At some time during the session, the parents meet with the teacher for a parent discussion group. Such programs are usually sponsored by school districts.

There are endless variations of the above three general types, including such models as the Parent Co-op with partial sponsorship of adult education, or the organized neighborhood play group or "Play School" as they are called in England.

Protective services for children: These services are preventive or remedial activities funded by Title XX on behalf of children who are harmed or threatened with harm as a result of abuse, neglect, or exploitation. Services include counselling and training for parents.*

Resource and Referral Agencies: These agencies provide information to parents, including referrals and coordination of community resources for parents and public or private providers of care. Services frequently include but are not limited to: technical assistance for providers, toy and equipment lending libraries, training programs, health and nutrition education, and referrals to social services.

Respite care: Respite care is the provision of care for children whose parents need temporary relief from ongoing child rearing responsibilities.

Respite child care: This is a funded child care program for families with protective social service needs. Children involved in this program must receive services directed toward the national goals of preventing or remediating neglect, abuse, or exploitation or for rehabilitation or for preserving families. The general purpose of this program is to provide direct child care to assure that the basic physical, social, emotional, and educational needs of the child are met. Child care may be provided by a licensed child care facility or by a capable person or relative in the child's own home.

School-age Parenting and Infant Development: Located on or near high school campuses, these services include infant care and development and parent education for the infants' school-age parents and for prospective parents who are completing their high school education. These services are provided by school districts and offices of county superintendents of schools under contract with the Department of Education. The districts and county offices may in turn subcontract with private agencies for the services if they wish.*

Single state agency: This is the single agency within each state to which the federal social services money must flow from HEW in conformity with provisions of the federal Social Security Act. In California, it was the Department of Social Welfare when the funds first became available. Later it became the Department of Health. It is currently the Department of Social Services.

State Preschool Program: This program is a part-day compensatory educational program for socioeconomically disadvantaged prekindergarten children, aged three years to four years nine months. It was authorized in AB 1331/65 by the California Legislature to help expand the thrust of Head Start and to help prepare eligible children for greater success in school. The program includes education with a particular emphasis on language and development of a good self-image, health, nutrition, and social services as well as staff development. There is a strong emphasis on parent education and parent involvement. Programs may be operated by public or private agencies.

Upper middle or middle upper: These are sociological class distinctions, as defined by University of Chicago Sociologist Lloyd Warner. Based on a socioeconomic and education scale, he categorized all people in the U.S. into three major classes: lower, middle, upper. Within each of these three classes, he further defined three more groupings in each class. Example: lower–middle, middle–middle, upper–middle, and so forth.

Title XX of the Federal Social Security Act: Any social services program provided under Title XX must be directed towards one or more of the following five national goals:

1. To help people become or remain economically self-supporting
2. To help people become or remain able to take care of themselves
3. To protect children and adults who cannot protect themselves from abuse, neglect, or exploitation and to help families stay together
4. To prevent and reduce inappropriate institutional care as much as possible by making home and community services available
5. To arrange for appropriate placement and services in an institution when needed by an individual

Of the 25 programs funded through Title XX, the following relate to children: (*indicates a mandated

program) *Information and Referral; *Protective Services for Children–to remedy cases of neglect, abuse, and exploitation of children; *Out-of-Home Care Services for Children; *Child Day Care Services; *Health Related Services; *Family Planning; Special Care for Children in Their Own Home; Services for Children with Special Problems–for the child who cannot attend school and/or requires institutionalization; Services to Alleviate or Prevent Family Problems; Diagnostic Treatment Services for Children; Family Protection and Reunification.

Title XX training: Title XX allows for federal matching of expenditures for staff training or retraining directly relating to the provision of Title XX funded services.

Vendor payment: This is a payment, or contract, to a provider for a defined amount of care provided at or below a defined unit cost. Contract allocations or appropriations are transferred after the provider has fulfilled specified contract agreements. Individual program expenditures are categorically approved but are not subject to an item-by-item control. The commitment is to serve a specific number of childre...*

Voucher: A voucher is a payment or redeemable coupon for subsidized child care services presented by the parent to the child care provider of choice.

WIN: The Work Incentive Program was established by the 1967 amendments to the Social Security Act to provide job training, employment counseling, placement, and social services to AFDC recipients through state welfare and employment agencies.*

State legislation:

AB 99/72, Lewis: AB 99/72 was follow-up legislation to AB 750/70, which was an effort to consolidate administration of preschool and child care programs and to provide funding to both public and private nonprofit agencies or organizations for such programs. This subsequent legislation, AB 99, expanded the funding concept to include private proprietary organizations, directed that the Superintendent of Public Instruction request a single state agency waiver for the provision of child care in California from the secretary of HEW, enlarged the Governor's Advisory Committee on Preschool Programs, and spelled out other mechanisms for the coordination and provision of comprehensive child development programs.

AB 65/77, Greene: This is California's biggest, in terms of pages, education bill ever. Enacted in 1977, it began as an answer to the Serrano v. Priest decision regarding equal funding in school districts. In the legislative process, it was expanded to include the funding and the structure to begin providing school improvement from kindergarten through grade twelve. It embodies the funds and the concept of ECE. The school improvement features require joint planning among governing boards, administrators, teachers, parents, and students.

AB 1288/77, Lockyer: This legislation removed from statute guidelines as to the specifics of child care reimbursement methods and required that the Superintendent of Public Instruction develop a reimbursement system which is accountable, responsive to parent and child needs, reduces the frequency of fiscal and attendance reporting, and provides a more realistic program budgeting base. The legislation also provided expansion funds for child care and development programs.*

AB 3059/76: See *Alternative Child Care.*

SB 2212/78, Gregorio: SB 2212/78 clarifies the intent of state surplus funds allocated to school districts and to local and county governments. The effect of the bill on child care programs is to require school districts and community colleges to spend a percentage of state surplus funds received to continue existing child care programs. The bill further requires each school district with a child development program to submit a plan (to the Superintendent of Public Instruction) to lower the costs of its child development program in the 1979-80 fiscal year and each year thereafter to the average statewide cost per child for such programs.

Proposition 13/1978 (Jarvis-Gann): The Jarvis-Gann initiative is a tax reform law which curtailed the amount of property tax which local governments could collect. The primary effect on child care and development programs relates to the elimination of the local override taxes, which provided some $45 million for child care programs.

Title 5: Title 5 of the California Administrative Code contains duly authorized regulations pertaining to education. Regulations for state-funded child care are contained within this title of the code.

Title 22: Title 22 of the California Administrative Code contains duly authorized regulations pertaining to social services. Regulations for the licensing of all child care centers are contained within this section.*

Appendix B

Invited Presentations to the Commission

The following people were invited to make presentations before the Child Development Commission. The presenters are listed in order of appearance at each meeting.

MARCH 8 - LOS ANGELES

1. Jane Phillips, President, California Child Development Administrators Association, San Diego
2. June Sale, Chairperson, Los Angeles Mayor's Advisory Committee on Child Care, Pasadena
3. Stephanie Klopfleish, Assistant Director, Public Social Services, El Monte
4. Frank Sandovol, Director, La Academia Quinto Folsol, Long Beach
5. Alice Duff, Coordinator, Child Care Referral Service, Joint Center for Community Studies, Los Angeles

MARCH 9 - LOS ANGELES

6. Julie Peters, Coordinator, Child Care Resource and Referral, Riverside
7. Betty Silver, Marriage and Family Counselor, Pasadena
8. Linda Lewis, Director, Pasadena Child Care Information Service, Pasadena
9. Clara Farmer, Parent, Normandie Avenue Children's Center, Los Angeles
10. Betsy Hiteshew, Director of the Child Development Center, Santa Monica College, and President of the Southern California CAEYC, Los Angeles

MARCH 29 - SAN FRANCISCO

11. Agnes Chan, Resource Developer, Wu Yee Resource and Referral Center, San Francisco
12. Ruth Freis, Director, Valley Child Care, Livermore
13. Donald Lau, West Branch Organizer, Contra Costa Children's Council, Richmond
14. Jo-Ellen Fehrle, Co-Director Bananas Child Care Referral Service, Berkeley
15. Rosita Herman, Parent Oakland
16. Richard A. Martin, M.D., Child Psychiatrist, Santa Rosa

MARCH 30 - SAN FRANCISCO

17. Peter Breen, Vice President, County Welfare Directors Association, San Rafael
18. Ruby Brunson, President, Family Day Care Association of California, Oakland
19. Etta Rose, Alameda County Children's Interest Commission, Berkeley
20. Jerry Horovitz, Planner, Child Care Switchboard, Children's Council, San Francisco
21. Patty Siegel, Executive Director, Child Care Switchboard, Children's Council, San Francisco

APRIL 28 - FRESNO

22. La Vera Williams, Proprietor, La Vera's Infant Nursery School, Fresno
23. Senaida Garcia, Director, Child Care Programs, Tulare County Schools, Visalia
24. Maxine Rodkin, Project Director, School-Age Parenting, Fresno
25. Susana Halfon, Project Director, Women in California Agriculture, Sacramento

MAY 24 - SAN DIEGO

26. Frances Maxey, Director, Rincon Community Day Care Center and Southern California Tribal Chairmen's Association, Valley Center
27. Jean Brunkow, Chairperson, San Diego County Child Care Coordinating Council, San Diego
28. Nancy Claxton, Coordinator, Child Development, Orange County Department of Education, Huntington Beach
29. Josie Foulks, Director, UCSD Day Care, San Diego
30. Susan Chavez, Student, UCSD, San Diego
31. Dennis Hudson, President, Children's Services, Council of Orange County, Irvine
32. Ann DeHuff Peters, M.D., Medical Director, Primary Care, Nurse Practitioner Program, Naval Regional Medical Center; and Associate Clinical Professor of Pediatrics and Community Medicine, UCSD, San Diego
33. Ruth Clothier, Early Childhood Education, Palomar College, Palomar

JUNE 21 - SAN JOSE

34. Vernon A. Plaskett, President, Continuing Development, Inc., San Jose
35. Blanche Bryan, Provider, Family Child Care Home, Santa Cruz
36. Donald McCune, Director, Adult Education Field Services, Sacramento
37. Sarah Gomez, Administrative Assistant, Office of Child Development, Field Services Unit IV, Sacramento
38. Gloria Montejano, Consultant, Office of Child Development, Field Services Unit IV, Sacramento
39. Gwen Albury, Parent, Oakland
    Marci Harrison, Program Specialist, Parent Child Development Centers, Inc., Oakland
    Marietta Jefferson, Director, Havenscourt Child Care Center, Oakland

JULY 26 - LOS ANGELES

40. Helen Topp, Head Teacher, McKinley Center, Santa Monica
    DePoister, Evelyn, Child Care Teacher, Santa Monica
    Haas, Kim, enrolled in Child Care Center, Santa Monica

41. David Friedman, M.D., Professor of Pediatrics, Director of Family Child Development Program, USC School of Medicine, Los Angeles
42. James LaMaida, Director, Social Services Planning, Los Angeles
43. Dionicio Morales, Executive Director, Mexican American Opportunity Foundation, Los Angeles
44. Marjorie Morris, Director, Child Care Resource Center of San Fernando Valley, Los Angeles
45. Patricia Nolcox, Director of the Locke Infant Center
46. Teresa Hall, Director of Education for the Tribal American Counsulting Corporation, Los Angeles

AUGUST 30-31 - SACRAMENTO

47. Mari Goldman, Chief Community Care Licensing Branch, Department of Social Services, 744 "P" Street, Sacramento

Other Presentations to the Commission

The following people presented testimony to the Commission. An asterisk beside the name indicates that both oral and written testimony was submitted. Persons without an asterisk presented oral testimony. A double asterisk indicates that only written testimony was submitted.

ARCATA

**Almdale, Linda, Executive Director, Humboldt Child Care Council
*Bartley, Jerri, Director, Child Development Center, College of the Redwoods
Callahan, Jane, Center Coordinator, Humboldt Child Care Council
**Colivos, Christine
**Corbett, Kathryn L.
Cottrell, Marilyn, Parent Advisory Board, Winzler's Children's Center
Davis, Carol, Outreach Worker, Humboldt Child Care Council
Drier, Michele, Executive Director, Northcoast Preschool and After School
Eberhardt, Valerie, Licensed Family Child Care Home Provider
Emmons, Shirley, Family Child Care Home Provider
*Evans, Monica, Child Care Technician, Humboldt Child Care Council
Gutierrez, Marie, Family Child Care Home Provider
*Hall, Virginia, Coordinator, Alternative Payments, Humboldt Child Care Council
Kelly, Joanne, Parent
*Magri, Michele R., Resource Center Coordinator, Humboldt Child Care Council
Mannix, Kay, Owner-Manager, Moonstone Cross Child Development Center
*Moriarty, Patrick, Counselor/Job Development, Redwoods United, Inc.
Patton, Chris, Parent Co-op Coordinator, Humboldt Child Care Council
*Peterson, Francine, Social Worker Supervisor, Humboldt County Welfare Department
Reed, Margaret V., Family Child Care Home Provider
Rice, Shirley, Family Child Care Home Provider
Zeidesman, J., Sick Care Coordinator, Humboldt Child Care Council

FRESNO

**Haugen, Rosanne, President, Private Education of Early Childhood
**Hill, Nancy
*Huggins, Joyce M., F.I.N.D.
Kinsfather, George, Owner-Partner, Large Family Day Care Home
Kinsfather, Lois, Owner-Partner, Large Family Day Care Home
Kishi, Patti, Child Care Coordinator, Central Valley Opportunity
Le, Sy Dang, President, Vietnamese Association
**Marsh, Emily, Ph.D., Learning Unlimited
Morales, Dionicio, M.A.O.F.
Mullins, Virginia, Teacher/Co-Director, Private Day Care
*Rhoan, Iona, Indian Child Care
Risco, Cecilia, Medical Interpreter, Concilio de Fresno
**Sims, Caroline, PNSA & PEEC
Tatarian, Shirley, Director, Growing Corners, Private Child Care

GARDENA

*Adams, Linda, Wanda Mike's CCC
Ball, Janice, Family Child Care Home Provider
*Barber, Jacqueline Hall, Parent
*Bennett, Pamela, Teacher
**Berlinger, Mrs.
*Brown, Mae, President, Parent Association
Bryant, Wilma, Parent
**Coffer, Patricia Ann, Parent
Crowe, Lillian, Parent
Ellington, Margie, Child Care Development Teacher
Eptin, Lillie V., Parent
Gomez, Carmen, Parent
*Gordon, Robert, Ph.D., Learning Unlimited
Green, Nancy M., Executive Director, Rowe Memorial CCC
Griffin, Ola, Parent
**Hall, Dorothy, Parent
Hamill, Shirley, Parent
*Harvey, Willie, Teacher, Queen Anne CCC
**Hawk, Maxine, Teacher, Normont CCC
Howard, Gary, Parent
**Jackson, John H., Sr., The Play Pen CCC

Jackson, Renee, Parent
*Jones, Albert, Parent
Jones, Rosemary, Parent
Kimble, Lomay, Parent
*Lane, Janny, Teacher, Normandie Ave. CCC
**Lane, Patricia, Teacher, Wanda Mike's CCC
*Lawson, Sylvia, Teacher
**Learning Unlimited Child Care Providers Commission
Lower, Sydele, Parent
**Lyles, Ronald L., Kaiser Permanente Medical Care Program
McDowell, Vera, Parent
Miller, Virginia, Parent
**Orvis, Linda, Parent
Peyer, Jocquilyn B., Teacher
Pierre, Blanche, Parent
Potter, Geneva, Family Child Care Home Provider
Quinn, Teresa, Parent
Rodriquez, Rosalie, Parent
Rosser, Marian, Parent
Rozet, Laurie, Director, Child Care Information Service
Singleton, Calvin C., Learning Unlimited
Snow, Julie, Teacher
Thompson, Stanley and Gail, Parents
Todd, Margo, Director, Rainbow River
Tomlinson, Robert L., Ph.D., Rowe Memorial Child Development Center
Zuniga, Janie, Parent

LOS ANGELES

**Abney, Evelyn, Parent
**Acevedo, Mary, Parent
*Adams, Electra, Director, El Modena State Preschool/Head Start
**Aragen, Judith, Parent
**Armando, J., Parent
**Arnott, Dorothy, Parent
**Avilla, Nohemi, Parent
**Avina, Irene, Parent
*Bailous, Frankie, Program Assistant, Child Care Resource Center of San Fernando Valley
**Baker, Terry, Parent/Student
**Banda, Armida, Parent
**Barrios, Emily, Parent
**Benitz, Marcia Salazar, Parent
**Bermudez, Enedina, Parent
*Blackmon, Mary, Director, The Child Place
*Blakeley, Barbara, Director, Ocean Park Childrer's Center
**Bolz, Maria Beatriz, Parent
Boshes, Maxine, Teacher, Parent Infant Care Services
**Boyd, Mrs., Parent
Bradus, Lois, Project Directress, S.O.F.A. Child Care Center
*Brooks, Suzanne L., Los Angeles Community College
**Busch, Sandra, Student/Parent
**Byrd, Ana, Parent
**Byrd, Serena, Parent
*Carbajal, Lucille, M., Parent
**Carmichael, Viola, Director, Child Development Program, Glendale Unified School District
**Carver, Joanne
**Chavez, Sara, Parent
**Chow, Josephine, International Institute of Los Angeles
Clement, Eleanore, Representative/Reader, California Community College ECE
**Coblentz, Virginia, Parent
Cochran, Midge, Coordinator, Family Day Care, UCLA
Cofer, Eileen G., Sub Teacher, Children Centers, Pasadena Unified School District
*Contreras, Patricia, Parent
*Cooper, Ruth Alice, Director, Kinder Kare
**Cortez, Virginia, Parent
**Costro, Deborah L., Parent
Davis, Doris A., Executive Director, Daisy Foundation
**Davis, Marguarite L., Parent
*De La Cruz, David, President, Parent Association, Brooklyn Child Care Center
**De Lopez, Maria, Parent
**De Loo, Augustina, Parent
*Diaz, Alberta
**Disterhoft, Pat, Parent
**Dokson, Eli, Parent
Donesky, Estrella A., Teacher-Coordinator, Small Fry Day Care Center
**Durand, Cornia L., Parent
*Ebner, Judy, Chairperson of School Age Commission
**Edison Children's Center
**Evergreen Children's Center
Feinfield, Sandy, Co-President, Southern California Education for Young Children
Fernandez, Irma M., Parent
**Fernandez, Mrs., Parent
Filmore, Marilyn, Parent
**Fleischer, Stephen J., Ed.D., Psychologist
**Flores, Christine J., Parent, Soto Street Child Care Center
**Franklin Child Development Center parents
**Garcia, Maria, Teacher's Aide
Garciz, Virginia, Parent
*Gates, Barbara, Family Child Care Home Provider
**Gayette, Christine, Parent, Utah Street Child Care Center
*Germaine, Emma, President, Child Development Foundation
Gilmore, Marilyn, Parent
*Godwin, Annabelle, Chairperson, San Fernando Valley Child Care Consortium
*Gold, Bea, President, Child, Youth and Family Services
**Gonzalez, Catalina, Parent
Green, Nancy M., Executive Director, Rowe Memorial Child Development Center
**Guerrero, Yolanda, Parent
*Halper, Betty Louise, Teacher, Haddon Children's Center
Hansen, Dr. Edna M., Director/Founder, Generalife Center and Research Education
*Hansen, Gladys, Interim President, Little Children Foundation
Harris, Sadie, Executive Director, S. & A. Child Development Center
**Hartwick, Maxine G.
*Hatfield, Yvonne, Director, West Los Angeles College, Campus Child Care

*Hendrick, Dr. Joanne, President Elect, California Association for the Education of Young Children
**Hensey, William H., Jr., Parent
*Herdfelder, Penelope, Director, New Trends
**Hernandez, Amalia, Parent
**Hernandez, Eugenia, Parent
*Herrera, Rosemary, Parent
Hewitt, Chris, Chairman, San Fernando Valley Child Care Consortium
Higginbotham, Winnie, Director, Child Development Programs
*Horn, Michael, Parent
*Howard, Stephen, Ph.D.
Howland, Elizabeth, Santa Monica Child Care Information Services
Hurd, Bettye S., Chairperson, L.A. South Bay Black Child Advocates
**Ilona, Guadalupe, Parent
Jackson, J.H., Director, Playpen Child Care
**Jackson, Martha M., Parent
**Jiminez, Leticia, Parent
*Johnston, Princess, Parent
**Jones, Vivian Famlico, Parent
**Juarez, Andrea, Parent
Kim, Maria, Parent
Kingston, Levi, Chairman Board of Directors, Hoover Intergenerational Care
Kisliuk, Joy Adams, Co-Director, Thoreau Montessori
**Laera, Ampara, Parent
**Landeros, Juan Flores, Parent
**Lara, Sandra, Parent
La Turno, Linda, Parent
Lawson, Muriel J., Assistant Director, St. Stephens Nursery & Day Care
**Ledesma, Virginia, Parent
**Leeks, Darlene Latonia, Parent
*Lemley, Marilyn, Parent
**Lindsay, Jeanne, Parent
**Lopez, Angie, Parent
**Los Angeles City Council
**Lucas, Susana, Parent
**Macedo, Lupe, Parent
**Mack, Margaret, California State Parent Association
*Madrid, Rosalinda, Parent
*Marcussen, Cliff, Teacher, Alhambra Head Start
Marsh, Emily, Project Director, Learning Unlimited
**Martinez, Sally V., Chairperson, L. A. County Commission on the Status of Women
**Martinez, Sara G., Parent
**Maxy, Delana, Parent
**McCreary, Maria
**McDonnell, Barbara, California Community College Early Childhood Educators
*McHale, Fran, Community Liaison, Child Care Resource Center
**Mendoza, Roberto, Parent
**Mendoza, Refugio, Parent
*Meyer, Louise, Family Child Care Home Provider
**Meyers, Joan, Parent
Mohr, Patricia, Chaffey Community College
**Molino, Bertha, Parent
**Montes, Olivia, Parent
Moore, Robin, Director, Early Education, Milestone Center
*Navarette, Natalie, Family Child Care Home Provider
Navarez, Virginia
**Nesbitt, Lynne G., Parent
**Nolcox, Patricia, Director, Locke Infant Center
**Norquez, Elia, Parent
*Onstad, Susan, Family Child Care Home Provider
Overhoff, Judy, Parent
Padilla, Laura, Parent
Parker, Ana, Director, YWCA Children's Learning Center
**Parks, Hope, California State University, Los Angeles
**Parra, Margarita, Parent
**People's Child Care Center, Echo Park
Piltz, Albert, San Francisco Regional Office, U.S. Office of Education
**Pinarrieta, Maria, Parent
Pollak, Marcia, Private Citizen
*Quillian, Elaine, Director, Family and Children's Services, Bell Gardens Community Center
**Raldon, Ernestina, Parent
**Ramirez Family
Randall, Debra
**Reyes, Domitala, Parent
**Rivera, Esthie, Parent
*Rodgers, Jim, Vice President, San Diego County Family Day Care Association
**Rodriquez, Manuela, Parent
Roseman, John, Director, Fullerton School District
**Rosser, Marian, Parent
**Rubio, Francisco, Parent
**Russell, Pat, Councilwoman, Los Angeles City Council
Salman, Ronni, Head Teacher, Hammel Street Child Care Center, Los Angeles
Savett, Sandra, Staff Counselor, San Fernando Children's Guidance Clinic
Schutte, Barbara, Parent
Seligman, Judy, CETA, Project Coordinator, Child Care Resource Center
**Sheldon, Jul, Parent
Siordia, Pat, Parent
**Smith, Patricia H.
**Soza, Phyllis, Parent
**Special Education Preschool, California State University, Los Angeles
**Stachow, Lea, International Institute of Los Angeles
*Stanton, Renee, Vendor Payment Coordinator, San Fernando Valley Child Care Center
*Starr, Laura, President, Parent's Advisory Council
**Swartz, Donna
**T.A.P.-Teachers, Aides, Parents of Los Angeles Children's Centers
**Terry, Julia, Parent, Infant Center
*Thompson, Susan, Family Child Care Home Provider
*Trammell, Jolene, Bilingual Coordinator, Child Care Information Services
**Tulita Children's Center Parents

**Tyor, Theresa, Director, Culver City Children's Center
**Underhill, Mr. and Mrs. Robert
*Vick, W. E., Principal, Roscoe School
Vidaurri, Karen, Student, Pacific Oaks
Walden, Angele, Assistant Director, Lang's Learning Lab
Weatherspoon, JoAnn, Parent
*White, Eda, Regional Child Librarian, Los Angeles Public Library
Winick, Maureen, Teacher/Parent/Early Childhood Education
*Yglesias, Rachel, Parent
*Zabala, Betty

OAKLAND/SAN FRANCISCO

*Bachrach, Virginia, Pediatrician
Bozarth, Elvis, Father, Chairman, Resource Service Commission
*Brinson, Eula, Vice President, East Bay Grassroots Association
*Brown, Sybil, State President, California Child Development Administrators Association
*Buckner, Larmon, Supervisor, Hayward Unified School District
**Bullwinkle, Marcia, Director, Frances Gulland Child Development Center
Callahan, Jane, Coordinator, Humboldt Child Care Council
*Carrillo, Alberto, Facilitator, Parent Communications, 4-C Council
**Cohen, Linda Schmit, 4-C's Santa Clara County
Collier, Irene Dea, Administrator, Wah Mei School
Cryer, Rod, Administrative Assistant to Superintendent, Franklin-McKinley School District
*Duvieux, Annette, Parent
*Ford, Velma, Executive Director, Berkeley Children's Center
Freis, Ruth, Director, Valley Child Care
**Galli, Roseanne, Peralta Service Corporation Child Care Center
Garberg, Carolyn, Director, Mount Diablo Community Child Care
Garcia, Frank G., American Indian Educational Council, Alum Rock School District
Hardy, Linda, Public Policy Committee, California Association of Education for Young Children
Johnson, Phil, Parent Participation Coordinator, 4-C Council of Santa Clara County
*Jones, Lois J.
**Jones, Rickey, Director, Children's Hospital Medical Center
Kael, Nancy, Co-Director, 4-C Sonoma County
**Kruppa, Barbara, Social Service Liaison, Merced County Department of Education
Kudarauskas, Irene, Director, Tenderloin Child Care Center
Lipton, Diane, Parent
*Littleton, Rosie, Parent Education, San Francisco Community College
*Lopez, Patricia, Family Day Care Specialist, 4-C's Santa Clara County
Love, Shirley, Director, Providers United for Families
Lux, Belann, Director, Playmates Co-op Nursery School
*Maloof, Ruth, Family Child Care Home Provider
Martin, Mary, PHN, Heighborhood Day Care, San Jose
McClure, Joanna, Director, Sunset Co-op, San Francisco
McDonald, Newt, Ephesian Child Development Center
McKennies, S., FACSAC Commission, Marin
**McManmon, Marie, L.C.S.W., San Gabriel Valley
*Mills, Thomas, Director, Bay Area Black Child Advocate Coalition
*Montemayor, Sylvia, Parent
**Murry, Oletha, Vice President, East Bay Association of Education for the Young Child
Okun, Ira, Executive Director, FSA
*Pearce, Marilyn, Public Policy Chairor, California Association of Education for Young Children
Poole, Susan, Family Child Care Provider, Providers United for Families
**Ramos, Teresa, Chairperson, Parent Participation Committee, 4-C's Santa Clara
*Reed, Dr. Mary Frances, President, Menlo Park Child Care Action Council
*Riley, Thomas W., Chairman, San Francisco United Way
Rodenborn, David J., President, Private Nursery School Association
Rojas, Marian, Executive Director, Child Care Development Center
Scott, Pat, Day Care Provider
Shadroui, Joe, Co-Chairperson, State Preschool Advocate
Sherman, Marsha, Director of Child Care, Oakland YWCA
Siegel, Patty, Executive Director, Child Care Switchboard
Simmons, Christine M., Coordinator, Children's Centers Department, San Francisco Unified School District
Simon, Alexandra, Vice President, Northern Area, California Council of Parent Participation Nursery Schools
**Steneberg, Doreen, Concerned Parents of Special Children in Contra Costa County
Stone, Emily, Teacher, Playmates Co-op
*Streater, Carol, Coordinator, Indo–Chinese Training Project
**Todd, Debbie, Family and Child Service Advisory Committee
**Tolbert, Audrey, President, East Bay Grassroots Association
Walker, Bill, Director, 4-C's Alameda
Welsh, M. Catherine, Program Manager, State Department of Education
Wheatland, Barbara, President, Thrust Organization for Tots of Sunnyvale
Wilson, Willie Mae, Oakland Day Care Association
*Wright, Susan, Director, Unitery

PALO ALTO/SAN JOSE

**Aery, Liz, Parent
**Andrus, Alec, Administrator, City of Palo Alto
**Bailey, Anne, Parent
**Bailey, Berkeley R., Parent
Batchelder, Bobbie, Program Director, San Mateo County Office of Education
Benner, Anne, Chairor, Joint Child Day Care Study, San Mateo County
**Blacziunas, Kay, Parent

**Border, Anne D., Parent
Boynton, Wendy, Instructors Aide, Monterey Children's Center
Branat, Daniel, Coordinator, Economic Opportunity Child Care Center
**Brandt, Carole, Day Care Home Coordinator, Palo Alto Community Services
*Carham, Daryl L., Community Coordinated Child Development Council
*Carmona, Gail, Extended Day Care Teacher
*Castillo, Martha Valero, Family Child Care Home Provider
**Castro, Barbara, Parent
**Chason, Susan, Parent
Cousino, Ida, Parent
**Culp, Barbara, Parent
**Davis, Donna, Parent
*Deal, Barbara, Parent
**Derroyer, Debbie, Parent
*Dorsey, Gene, Coordinator of State and Federal Projects, Berryessa School District
**Dutton, Ann, Chairperson, Northern California Association of Education for Young Children, Commission for Infant Toddler Care
**Ellis, Aeri, Parent
**English, Linda, Parent
**Falbo, Diane, Parent
**Fancher, Judy, Economic and Social Opportunities, Inc.
Finkel, Deborah, Program Director, Gavello School District
*Forrest, Thomas, M.D., Staff Pediatrician, Children's Health Council
**Funehl, Jane, Parent
**Gaiser, Deborah, Parent
**Garcia, Gisele, 9 year old student
*Giveans, David L., Instructor, Skyline College
Gold, Loalle, President, Palo Alto Child Care
*Gonzalez-Mena, Janet, Director, Neighborhood Child Care Program
*Hart, Brenda, Personal Representative, Family Child Care Homes
**Hawley, Linda, Parent
**Hayes, Linn Spencer, Parent
**Hernandez, Rosa Marie, Administrative Assistant, Mexican American Community Service Agency
**Hofmann, Janet, Child Care Study Committee, Redwood City
Holland, Ruth, Resource Specialist, Santa Clara Unified School District
*Horgan, Diane, Director, West Menlo After School Program
**Hughes, Darlene, Parent
**Human Services Coordinating Council of San Mateo County
Johnson, Ann, Parent
**Johnson, Lisce, Parent
*Jones, Thelma, Preschool Teacher, Menlo Park Unified School District
Kelly, Jim, Child Advocate, County of Santa Cruz
**Kern, Francine, Parent
*Killam, Susan, Parent
**Kirk, Nancy, Parent
Kosanovic, Bruce, Health Consultant, Santa Clara County
**Kutner, Jan, Director, College Terrace Center
Lake, Toni, Co-Director, Bayshore Child Care Center
Land, Suzie, Parent
**Leer, Carol, Parent
**Leonard, Barbara, Parent
**Lieb, Susan, Parent
**Loera, Ana Ma, Parent
Long, Bettie B., Preschool Consultant, President, 4-C's of Santa Clara County, Private Day Care Provider
**Luthy, Dianne S., Parent
**Lynch, Marie, Parent
*Machado, Jeanne, Instructor, Early Childhood Education
**Maddox, Hannilove, Parent
Maguire, Mary Jane, Director, Dixon Migrant Infant Center
Matrisciana, Carmen, Parent
**McArillis, Sandi, Parent
**McGowan, Sandra L., Parent
**Mellows, Andrew
**Mishra, Nalini, Parent
*Montrouil, Loena, Program Director, San Juan Bautista Child Development Center
**Morden, Mr. and Mrs. William, Parents
**Murphy, Margaret, Parent
**Nader, Moss, Chief, Department of Health
*Nanis, Diane A., Sick Care, Foothill College
**Ornelas, Carolos, Parent
**Otis, Janice, Parent
**Pereira, Mary Lou, Teacher, Luther Burbank School District
**Perez, Christina, Parent
Perez, Lorraine, Parent
**Peterson, Susan, Parent
*Price, Miles, L.C.S.W., Santa Clara County, Department of Social Services
Prott, Edna, Parent
Ramos, Teresa, President, 4-C's Parent Participation Council
**Richie, Brenda
**Riley, George, Director of Community Services
**Robinson, Stephanie
**Rochas, Lucy, Parent
*Rogaway, Betty, Coordinator, Preschool Program, Palo Alto Unified School District
**Rowe, David R., Council Manager of Daly City
Sanchez, Naomi, 4-C's
**Shelton, Mrs. C.D., Parent
**Silcox, Sheila, R.M.
**Simpson, Clara, Parent
**Smith, Pat, Parent
**Standfield, Nadja, Grandparent
**Stanowski, Marsha, Parent
Stevens, Suibhan, Family Child Care Home Provider
**Sullivan, Bill, Parent
**Taylor, Susan, Parent
**Tearney, Sally Wookey, Parent
*Tellefson, Janet, Coordinator of Children's Centers, Santa Clara Unified School District
**Tice, Kim R., Parent
**Tversky, Dr. Barbara and Professor Amos, Parents
**Van De Veer, Cheryl G., Parent

**Whitney-McCall, Patti, Child Nutrition Advocate, Children's Rights Group, San Francisco
Williams, Lettie, Counselor
**Yarvin, Susan, Director/Teacher, Palo Alto Child Care Extended Day Care
Zimmerman, Mitchell, Member, Board of Directors, Ellen Thacher Children's Center

SACRAMENTO

**Anderson, Elsie, President, Sacramento County Child Day Care Home Association
*Bradfield, Helen, Teacher, CAEYC
Brown, Bette, President, California Council of Parent Participation Nursery Schools
*Brown, Sybil, Children's Center Manager
*Burroughs, Olga, Children's Lobby
*Camp, Catherine, Executive Secretary
*Chaikin, Helen D.
*Clayton, Dr. Berniece, Director, Early Childhood Education, Sacramento City College
Collins, Leslie, M.D.
Dorman, Pat, Editor, *On the Capitol Doorstep*
Dublirer, Dorothy, President, Sacramento Valley Association of Education for Young Children
*Gee, Elsie, Governing Board Member, NAEYC
*Gonzalez-Mena, Janet, Child Care Director, Family Service Agency, Redwood City
**Hailey, Jack, Circle Preschools, Piedmont
**Hall, George, Board of Governors of California Community Colleges
Heardon, Cynthia, Babcock Child Care Center
*Hultgren, Ruth, Instructor, Sacramento City College
**Hurd, Bettye, Los Angeles Black Child Advocate, Los Angeles
Johnson, Arthur R., Director, Special Education, Sacramento County
*Kabakov, Naomi, Teacher, Preschool Trainer
**Kael, Nancy, Co-Director, 4-C Sonoma County, Santa Rosa
Kovar, Lorraine, Resource Teacher
Larson, Joan
**Mangham, Clarence W., Assistant Chancellor, Education Affairs and Facility Planning, Board of Governors of California Community Colleges
*McCandless, Elizabeth B., Coordinator, Respite Care Task Force, Sacramento County
McOmber, Joan, Director of Parent Participation Nursery Schools
*Miller, Mary, Teacher, Sonoma State College and Santa Rosa J.C.
*Moses, Joan, Teacher, Woodland
*Nelson, JoAnn, Parent
Novak, Toni, Co-Director, Sonoma 4-C's
*Pearce, Marilyn, CAEYC, Public Policy Chairor
Pinkston, Ione
**Pratt, Barbara, Specialist Consumer, Chancellor's Office, California Community Colleges
*Proett, Paul, Acting Child Care Supervisor, Davis
Ramirez, Dr. Judith, California State University of Sacramento
Sacramento Valley Association for the Education of Young Children
*Sample, Winona, Indian Health Unit, State Department of Health
*Setbacken, Andrea, Director, ASCSUS Child Care Center
Smith, Charlene, Program Supervisor, Preschool and Child Care Center
Steen, Nyiema, Director, Equipoise Endeavor, Compton
Vogensen, Joyce, Director-Owner, College via Schools
Welsh, Cay, Program Manager, State Department of Education
*West, Mae, Placer Association for the Retarded, Executive Director
*Yost, Sally, Specialist, Parent Preschool Education
Zimmer, Dr. Richard, Sonoma State College

SAN BERNARDINO

Alva, Vivian, Program Supervisor, San Bernardino Indian Center
Alviso, Patricia
**Bates, Cathy, Parent and Student
**Brown, L.G., Parent
Castro, Ralph, Director, Casa Romona, Inc.
*Cherry, Clare, Director
*Cherry, Doe, Deputy Director, Social Services, Riverside County, P.P.S.S.
**Cochran, Midge, M.A., Coordinator, Family Child Care Programs, UCLA
**Devole, Pam
**Duke, Mrs. L.A., Student, San Bernardino Valley College
Edwards, Inez, Family Child Care Home Provider
*Gaston, Beverly, Director, Nursery School
**Gephart, June E., Teacher's Aide
Gutierrez, Ventura, National Board Member
*Harkness, Barbara, Associate Professor, SBUC
*Harrell, Linda, Student
Hill, Mary, Preschool Coordinator, Coachella Valley Unified School District
**Hill-Scott, Karen, Ed.D., Director, Child Care Referral Service
**Judd, Lori, Teenage Parent
**King, Larnia M., Parent
**Kisliuk, Joy Adams, Thoreau Montessori School
Kleinman, Estermae, Board Member, Children's Center
Kocher, Ann, Teacher, SBUSD
**Large, Linda A., Parent
**Letson, Linda, R.N., Santa Barbara Community Hospital
Lewis, Sally, Coordinator, Handicap Program
*Lindsay, Jeanne, Teacher–Teen Mother Program
**Lipscomb, Ophelia
**Lower, Fanny, Teenage Parent
Lua, Maria, Parent
Martinez, Connie, Family Child Care Home Provider
Meier, John, Director, Children's Village USA
McCandless, Cynthia, Family Child Care Home Provider
Mohr, Patricia, Coordinator, Chaffey Community College
**Mora, Nancy, Family Child Care Home Provider
**Murray, Jannette, Student, UCSB
*Parham, Vanessa, Teenage Parent

*Parker, Barbara, Teenage Parent
Penman, James F., Executive Director, Home of Neighborly Services
**Peters, Julie, Office of Riverside County Superintendent of Schools
**Planchow, Barbara, Parent
**Pope, Dorothy, Parent
Puga, Alberto
*Rhodes, Anne, Director, Human Services, City of San Bernardino
**Roberta, Jan, Executive Director, Goleta Valley Girls Club, Inc.,
*Robinson, Sandra, Teenage Parent
Rocha, Cuco, Parent
**Rosage, Sara, Parent and Student
**Sablan, Charline, Parent
Sanchez, Graciela, Parent
Smith, Karen, Parent
*Snyder, Patricia, Volunteer
Stevens, Lori
**Thomas, Nathaniel
Uhl, Donna, San Bernardino Commission on the Status of Women
**Van Houten, Cynthia L., Student and Parent
Villaescuso, Priscilia
**Washington, Gail, Teenage Parent
**Weatherwalk, Edith, Parent and Student
**Williams, Lynn Viero, Student, UCSB

SAN DIEGO

Campbell, Nancy B., Consultant/Volunteer, Casa de Amparo
*Carney, Jane, Director, Yellow Submarine Nursery and Learning Center
**Children's Centers Office
**Children's Service Council of Orange County
Franke, Barbara, Vice President, San Diego Day Care Association
HEWES, Dorothy, Coordinator, Child Development Laboratory
Junior, Shirley A., Center Coordinator, NHA Extended Day Care
*Klintz, Robert, Head Counselor, Vista High School
Logans, Darrol D., Supervisor, Neighborhood House
McCarthy-Mann, Connie, Child Care Information Network
Myers, Jennifer, Coordinator, Teen Mothers Program, Vista High School
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**Orange County Department of Education
Phillips, Jane, Assistant Director, Child Development
**Rodgers, James L., San Diego County Family Day Care Center
**Ross, Laura K., Social Worker Supervisor, San Diego County DPW
**San Fernando Valley Child Care Consortium
Seals, Jaye, Parent
Stowers, Lillyus E., Social Service Consultant, Department of Health
**Tarabochia, Kathie
Trook, Eve, Instructor, Southwestern College
**Whitney, Merry
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Le Due, Linda, Orange County Coalition on Domestic Violence
Lees, Marilyn, Program Coordinator, County of Orange
**Mangold, Sara, Family Child Care Home Provider
**Nelson, Nancy, K., Acting Probation Officer, Orange County
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Turner, Joy, Director, Montessori Greenhouse
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**Wiley, D.D.
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Coffman, Donna, Director, SBCC Child Care Center
Dacarjana, Jan, Licensing
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Jones, Leslie, Chairperson, Santa Barbara Children's Center Advisory Committee
**Klopfleisch, Stephanie, Parent/Child Workshops
Leavitt, Jane A., Teacher, Santa Barbara Nursery School
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Menchaca, Etelvina, Advisory Council, Migrant Education
*Munoz, Ross, Parent
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Paine, Penelope C., Executive Director, Girl's Club, Carpenteria
**People Taking Action, Santa Barbara
*Sachse, Judith, Coordinator of Search and Serve, Santa Barbara County Schools
Sanchez, Teresa, Resource Coordinator, Children Resource Center
Schrank, Rita, Coordinator, PTA/IDEA, Santa Barbara County Schools
Simons, Judy, Parent
*Smith, Frankie M., Chairman, Ventura Advisory Board, Children's Homes

*Sonquist, Hanna, Director, Starr King Parent/Child Workshop
Soutley, Frankie M., Parent
Strong, Marsha, Parent
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Wood, Priscilla, Family Child Care Home Provider
Woodward, Jean, Ventura Day Care Association
Wright, Mary, Parent
Yeager, Beth, Head Teacher, Santa Barbara Preschool
Zimmer, Jules, University of Santa Barbara, Department of Education

Other Publications Available from the Department of Education

Child Care and Development Services is one of approximately 400 publications which are available from the California State Department of Education. Some of the more recent publications or those most widely used are the following:

Assistance Guide for Forming Program Review Consortia (1978)	No charge
Bibliography of Instructional Materials for the Teaching of French (1977)	$ 1.50
Bibliography of Instructional Materials for the Teaching of Portuguese (1976)	.85
Bicycle Rules of the Road in California (1977)	1.50
†California Master Plan for Special Education (1974)	1.00
California Private School Directory, 1978	5.00
California Public School Directory, 1978	11.00
California Public Schools Selected Statistics, 1976-77 (1978)	1.00
California School Effectiveness Study (1977)	.85
California School Lighting Design and Evaluation (1978)	.85
Computers for Learning (1977)	1.25
†Discussion Guide for the California School Improvement Program (1978)	1.50
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English Language Framework for California Public Schools (1976)	1.50
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Genetic Conditions: A Resource Book and Instructional Guide (1977)	1.30
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Handbook for Assessing an Elementary School Program (1978)	1.50
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A Handbook Regarding the Privacy and Disclosure of Pupil Records (1978)	.85
Health Instruction Framework for California Public Schools (1978)	1.35
†Parents Can Be Partners (1978) (set of eight special education brochures)	1.35
Physical Education for Children, Ages Four Through Nine (1978)	2.50
†Planning Handbook (1978)	1.50
California School Energy Concepts (1978)	.85
Science Framework for California Public Schools (1978)	1.65
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Social Sciences Education Framework for California Public Schools (1975)	1.10
Student Achievement in California Public Schools: 1977-78 Annual Report of the California Assessment Program (1978)	1.25
Students' Rights and Responsibilities Handbook (1978)	1.50

† Also available in Spanish.

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P.O. Box 271
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